

**CONFINED SPACES ENTRY PLAN**

**IDENTIFICATION**  
 Name of confined space: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Space description: \_\_\_\_\_  
 Contents: \_\_\_\_\_  
 Interior dimensions: \_\_\_\_\_  
 Access type: \_\_\_\_\_ Access dimensions: \_\_\_\_\_  
 Permit required (complete Entry Permit below)       Non-permit required

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**POTENTIAL HAZARDS (Check all that apply)**

Hazardous atmosphere	_____	Minimum work room	_____	Hazardous residue	_____
Engulfment	_____	Sloped walls	_____	Poor lighting	_____
Entrapment	_____	No fixed ladder	_____	Poor footing	_____
Hazardous energies	_____	Fall hazard	_____	Hot surfaces	_____
Other (specify)	_____				

**REQUIRED PRECAUTIONS (Circle or specify)**

Atmos. testing	<u>periodically / continuously</u>	Ventilation	<u>if indicated by monitoring /</u>
Surveillance	<u>visual / verbal / radio / other</u>		<u>prior / continuously</u>
Safety harness / lifeline	<u>yes / no</u>	Safety hoist	<u>yes / no</u>
Lockout/tagout	<u>yes / no</u>	Barricade opening	<u>yes / no</u>
Respirator	_____	Other PPE	_____
Other	_____		_____

**ENTRY PERMIT**

Scope of work authorized: \_\_\_\_\_

Hot work authorized?  yes  no      Scope: \_\_\_\_\_

Entry authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Entrants and Attendant (may alternate  yes or  no)

1. _____	2. _____	3. _____
4. _____	5. _____	6. _____

Canceled by \_\_\_\_\_

