

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

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 _____

