# CONFINED SPACE ENTRY FORM

<table>
<thead>
<tr>
<th>Worksite location</th>
<th>Confined Space (exact location):</th>
<th>Date and time to begin entry</th>
</tr>
</thead>
</table>

Is a specific Standard Operating Procedure (SOP) available for this Confined Space? **Yes** **No**  
If Yes, use the SOP and this form to complete the task. If No, use the General CSE Procedures and this form.

**Task to perform in the confined space**

**Special hazards of this confined space:** (circle or write in)  
*Example: lack of natural ventilation, Dark, wet, damp and/or metal surfaces, falls*

**Special hazard controls:** (circle or write in)  
*Example: Mechanical ventilation, Continuous air testing, Lighting, GFCI-protected extension cords, barricade, tripod, fall arrest system*

If inside a building, will Hot Work be performed? **Yes** **No**  
If Yes, ensure Hot Work Permit is completed before entry.

Is Lockout/Tagout required? **Yes** **No**  
If Yes, ensure complete Lockout/Tagout before entry.

**Atmospheric testing equipment:** air analyzer #______ calibrated _____

**Atmosphere test results and acceptable limits**

<table>
<thead>
<tr>
<th>Time</th>
<th>Oxygen (19.5 to 23.5 %)</th>
<th>Explosive gases &lt; 10 % LEL</th>
<th>Carbon Monoxide, CO &lt; 35 ppm</th>
<th>Hydrogen sulfide, H₂S &lt; 10 ppm</th>
<th>Others</th>
</tr>
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</tbody>
</table>

**Authorized entrants:**

**Signature of Lead Worker**

Expiration time to end entry: _______ (No longer than 12 hours from the beginning of this entry)

**If a communication line is appropriate - use the O-A-T-H line pull communication method.**

**Periodic atmosphere testing (at least every hour)**

<table>
<thead>
<tr>
<th>Time</th>
<th>Oxygen (19.5 to 23.5 %)</th>
<th>Explosive gases &lt;10% LEL</th>
<th>Toxic gases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>CO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>H₂S</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

**For rescue** use radio or phone to call 911 or 684-2444 for a confined space rescue team.

When the task is complete, all entrants and equipment are out of the space, safe to remove lockout/tagouts.

**Signature of Lead Worker**

Date / time

Note here any unexpected hazardous occurrences or prohibited conditions.

FILE WITH SUPERVISOR FOR AT LEAST ONE YEAR 12/13/96