**Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Shop(s)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confined Space Entry Supervisor(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

During the 12-month period from \_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_, or year of\_\_\_\_\_\_\_\_\_\_, were there any entries into permit-required confined spaces (including permitted entries, reclassified entries, entries using alternate entry procedures or unauthorized entries of a permit space), or a change in the use or configuration of a permit space?

\_\_\_\_Yes – Please answer the remaining questions on this form and fax or email to OHS (fax: 919-681-5916, email: ohs.oeso@dm.duke.edu).

\_\_\_\_No – The remaining questions on this form are not applicable and do not need to be completed. Fax or email the form to OHS (fax: 919-681-5916, email: ohs.oeso@dm.duke.edu).

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| **Confined Space Procedures** *(Explain “NO” answers in comment section, page 2.)* | **Yes / No / N/A** |
| 1. | Were confined space procedures followed per the Department’s Confined Space Entry Plan?  |  |
| 2. | Did the Confined Space Supervisor evaluate and assess potential hazards in the confined space prior to entry? |  |
| 3. | Were all entered confined spaces listed in the Department’s confined space inventory? (if not, add to inventory) |  |
| 4. | Were LOTO procedures in place for confined space entries (when applicable)? |  |
| 5. | Were Hot Work procedures in place for welding in confined spaces (when applicable)? |  |
| 6. | Were confined space programs reviewed for contractors (when applicable)? |  |
| 7. | Were unauthorized entries into confined spaces prevented? (e.g., barricades, guarded rails, etc.) |  |
| 8. | Were written confined space rescue procedures in place? |  |
| 9. | Were provisions made to notify responders in the event of an emergency? |  |
| 10. | Was proper equipment available and used for confined space entry? (e.g., gas meter, tripod/harness, ventilation equipment, etc.) |  |
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| **Confined Space Permits** *(Unless otherwise indicated, explain “NO” answers on p. 2.)* | **Yes / No / N/A** |
| 1. | Were cancelled confined space permits retained for one year (calendar or 12-month period)? |  |
| 2. | Were any permit required confined spaces reclassified for entry? (Review Pre-Entry Hazard Assessment forms.) If any problems with reclassification, comment below. |  |
| 3. | Were any permit required confined spaces entered using alternative procedures (e.g., only hazard was an atmospheric hazard and ventilation was required)? If any problems with alternative procedures, comment below. |  |
| 4. | Were monitoring equipment calibration dates and atmospheric monitoring results on the permits (if applicable) [i.e., oxygen (O2), lower explosion limit (LEL), Carbon Monoxide (CO), Hydrogen Sulfide (H2S), and Temperature]?  |  |
| 5. | Was the type of work performed correctly written on the permits? |  |
| 6. | Were hazards correctly detected and identified on the permits? |  |
| 7.  | Did a condition occur that was prohibited by the permit? (if yes, comment on p. 2) |  |
| 8. | Were there any injuries or near misses that occurred during entry? (if yes, comment on p. 2) |  |
| 9. | Were safety equipment and PPE correctly identified on the permits? |  |
| 10. | Was the duration of each permit correctly identified? |  |
| 11. | Were all entrants, attendants and entry supervisors identified on permits? |  |
| 12. | Were appropriate approvals and signatures documented on the permits?  |  |
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| **Atmospheric Monitoring** *(Explain “NO” answers in comment section below.)* | **Yes / No / N/A** |
| 1. | Were portable gas meters available and in good working order?  |  |
| 2. | Were the gas meters functionally (bump) tested on a daily-use basis? |  |
| 3. | Were calibrations for gas meters up to date? |  |
| 4. | Was testing conducted initially, without ventilation, in areas where entrants will be working?  |  |
| 5. | Was periodic or continuous atmospheric monitoring documented? |  |
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| **Tools, PPE and Working Materials** *(Explain “NO” answers in comment section below.)* | **Yes / No / N/A** |
| 1. | Were appropriate tools for the described work used (e.g., low voltage, non-sparking, etc.)? |  |
| 2. | Was GFCI protection provided for all portable electrical tools? |  |
| 3. | Was ventilation equipment capable of providing adequate fresh air? |  |
| 4. | Was PPE available and used when necessary? |  |
| 5. | Was a PPE assessment conducted for routine confined space entries? |  |
| 6. | Was/were tripod(s) and safety harness(es) in good working order? |  |
| 7. | If applicable, was fall protection equipment in good working order? |  |
| 8. | Were entry ladders inspected and in good working order? |  |
| 9. | Was equipment available to accommodate two-way communication? |  |
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| **Training** *(Explain “NO” answers in comment section below.)* | **Yes / No / N/A** |
| 1. | Are all personnel involved in confined space entry properly trained? |  |
| 2. | Are entrants trained in the use of required PPE? |  |
| 3. | Are entrants and attendants trained on monitoring equipment? |  |
| 4. | Are entrants and attendants trained on non-entry rescue equipment? |  |
| 5. | Are entrants and attendants trained on assessing hazards? |  |
| 6. | Are entrants and attendants trained on the written rescue plan? |  |
| 7. | Are Confined Space Entry Supervisors trained on assessing hazards and making determinations about safe entry requirements? |  |
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Comments and corrective actions must be listed below. Serious deficiencies must be corrected before subsequent confined space entries are authorized.

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| 3. |  |
| 4. |  |

I hereby certify that an annual review was conducted of the confined space program by the person responsible for the program at ­­­­­­­­­the       facility/shop on this date,      .

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Printed Name Signature