

Example of Confined Space Entry Form
(Courtesy of Metrowater)

CONFINED SPACE - ENTRY FORM

Valid only for date of issue.

CONTRACTOR:

DATE:



CONTRACT # _____ CONTRACT NAME: _____ Description of Work: _____

Entry Team - I/we understand all the procedures and safe working practices for this entry and the protective and rescue measures to be used. Work Method to be used: _____

ACKNOWLEDGEMENT:

	Name	Initial
Responsible Person in control:	1	
Entry Team	2	
	3	
	4	
	5	
Stand-by	6	
	7	
Observer	8	

All the following items Checked and Discussed:

Protective clothing and equipment	<input type="checkbox"/>	Lighting or torches (insulated)	<input type="checkbox"/>	Escape respirators	<input type="checkbox"/>
Gas monitoring equipment	<input type="checkbox"/>	Communication equipment	<input type="checkbox"/>	Intrinsically safe equipment	<input type="checkbox"/>
Safety harnesses with life-lines	<input type="checkbox"/>	Warning signs and barriers	<input type="checkbox"/>	First aid kit	<input type="checkbox"/>
Retrieval device (tipod or hoist)	<input type="checkbox"/>	Mechanical ventilation	<input type="checkbox"/>	Cell phone/Radio telephone	<input type="checkbox"/>
Fire fighting equipment	<input type="checkbox"/>	Emergency Procedures Understood	<input type="checkbox"/>	Hazard ID/control list completed	<input type="checkbox"/>

Specific items to check:

Weather forecast checked and considered satisfactory	<input type="checkbox"/>	Gas monitors checked and zeroed before first use	<input type="checkbox"/>
All persons trained in confined space entry (ID cards)	<input type="checkbox"/>	Meter readings in clean air [20.8% O ₂] [0 ppm H ₂ S] [0% LEL] [0 ppm CO]	

SITE INFORMATION:

SUSPEND/CANCEL PERMIT - Reason: _____

Signature: _____

(Tick box where appropriate)

ADDRESS OF CONFINED SPACE In Emergency dial 111 & give the following details: * Services Required * Details of location * Type of Emergency * Number of people involved * Clear directions to scene * Contact name/number	PRE-ENTRY									ON COMPLETION				
	ENTRY TEAM (Use numbers from list above)	STAND-BY PERSONNEL (Use numbers from list above)	ALL PRE-ENTRY CHECKS PASSED (Hazards identified communication with Control Team and emergency procedures established)	ALL TEAM USING CORRECT PROTECTIVE CLOTHING AND EQUIPMENT	LOCKS & TAGS FITTED TO PIPELINES WATER/STEAM GAS ETC AND/OR DRIVES WHERE RELEVANT	PRE-ENTRY ATMOSPHERIC CONDITIONS IN CONFINED SPACE (Enter actual figure recorded where available or tick to indicate below alarm level)				AUTHORISED AS SAFE TO ENTER (Person in control to initial)	ENTRY TIME	EXIT TIME	ALL WORK FINISHED. EQUIPMENT & TEAM REMOVED. ISOLATIONS REINSTATED	AUTHORISED AS WORK COMPLETED (Person in control to initial)
						>19.5% and < 23.5% %O ₂	< 10% %LEL	H ₂ S PPM	CO PPM					
	1													
	2													
	3													
	4													
	5													
	6													
	7													
	8													

A Copy of this Entry Form must be kept on file (available for inspection if requested).
(The minimum level of compliance is that described in SAFE WORKING IN CONFINED SPACE)