

# Supplement F

CONFINED SPACE ENTRY FORM			
Worksite location		Confined Space (exact location):	
Date and time to begin entry			
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 be performed in the confined space			
Special hazards of this confined space: (circle or write in)		Special hazard controls: (circle or write in)	
lack of natural ventilation		Mechanical ventilation, Continuous air testing	
Dark, wet, damp and/or metal surfaces		Lighting GFCI protected extension cords	
falls		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			toxic gases:
Time	Oxygen (19.5 to 23.5 %)	Explosive gases < 10 % LEL	Carbon Monoxide, CO < 35 ppm ____ Hydrogen sulfide, H <sub>2</sub> S < 10 ppm ____ Others
Authorized entrants:			Attendants:
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)			
Time	Oxygen (19.5 to 23.5 %)	Explosive gases <10% LEL	toxic gases
			CO H <sub>2</sub> S other
			CO H <sub>2</sub> S other
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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