

Confined Space Entry Supervisor Pre-entry Checklist

Department: Chemical and General Safety

Program: Confined Space

Owner: Program Manager, Scott Blankenship

Authority: ES&H Manual, Chapter 6, Confined Space

Identification	
Division/Department:	Space/Location:
Entry Purpose:	Date:

SECTION 1 Hazard Evaluation and Controls			
Type	Check		Control Measures (describe if "yes" is checked)
	Yes	No	
Does the space contain or potentially contain a hazardous atmosphere?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the space contain any chemicals or chemical residue?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the space contain any flammable/combustible substances?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the space contain or potentially contain significant amount of decomposing organic matter?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the space have any pipes which bring chemicals into it?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the space have any materials that can trap or potentially trap, engulf, or drown an entrant?	<input type="checkbox"/>	<input type="checkbox"/>	
Is vision obscured by dust at 5 feet or less?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the space contain any rotating mechanical equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the space have converging walls, sloped or tapered floors to smaller cross-sections which could trap or asphyxiate an entrant (Entrapment Hazard)?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the tank, vessel or equipment in the space contain rusted interior surfaces? (Potential for O ₂ deficient atmosphere)	<input type="checkbox"/>	<input type="checkbox"/>	
Does the space contain thermal hazards (e.g., extremely hot or cold)?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the space have poor illumination levels?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the space contain excessive noise levels which could interfere with communication with an attendant?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the space present any slip, trip, or fall hazards?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any operations conducted or equipment adjacent to the space opening which could present a hazard to entrants?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any hazards from falling objects into the confined space that would necessitate use of barriers.	<input type="checkbox"/>	<input type="checkbox"/>	
Are there lines under pressure (compressed air or steam) servicing the space?	<input type="checkbox"/>	<input type="checkbox"/>	
Are cleaning solvents or paints going to be used in the space?	<input type="checkbox"/>	<input type="checkbox"/>	
Is welding, cutting, brazing, riveting, scraping, or sanding going to be performed in the space?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the space have energized electrical cables/ equipment or other type of hazardous energy (e.g. steam, compressed gas, rotating mechanical equipment, etc.) that cannot be locked or tagged out?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the space have poor natural ventilation which would allow an atmospheric hazard to develop?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the entry into a vertical space > 5 feet deep?	<input type="checkbox"/>	<input type="checkbox"/>	A mechanical device shall be available to retrieve personnel from vertical type permit spaces more than 5 feet deep

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Are there any conditions which could prevent any entrants' self-rescue from the space?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any substances used in the space which have acute hazards?	<input type="checkbox"/>	<input type="checkbox"/>	
Is mechanical ventilation needed to maintain a safe environment? If yes, is it adequate for the volume of the space?	<input type="checkbox"/>	<input type="checkbox"/>	
Is air monitoring necessary to ensure the space is safe for entry due to potential hazardous atmosphere?	<input type="checkbox"/>	<input type="checkbox"/>	
Are residues going to be scraped off the interior surfaces of the vessel?	<input type="checkbox"/>	<input type="checkbox"/>	
Are non-sparking tools required to remove residues?	<input type="checkbox"/>	<input type="checkbox"/>	
Is respiratory protection required because of a hazardous atmosphere?)	<input type="checkbox"/>	<input type="checkbox"/>	
Does the space present a serious S&H hazard other than those noted above which would make it a permit space?	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 2 Hazard Evaluation and Controls			
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Preparation			
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Yes	N/A		Yes	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	Has the confined space been evaluated	<input type="checkbox"/>	<input type="checkbox"/>	Electrical equipment is grounded
<input type="checkbox"/>	<input type="checkbox"/>	Entry area free of debris and objects	<input type="checkbox"/>	<input type="checkbox"/>	No compressed cylinders in space
<input type="checkbox"/>	<input type="checkbox"/>	Atmospheric monitoring conducted	<input type="checkbox"/>	<input type="checkbox"/>	Host employer and/ or contractor notified
<input type="checkbox"/>	<input type="checkbox"/>	Constant monitoring required	<input type="checkbox"/>	<input type="checkbox"/>	Pre-job briefing conducted covering as a minimum: 1) Task to be performed and work methods; 2) Entry and emergency procedures 3) Potential hazards and controls; 4) Atmosp. test results 5) Prohibited work activities
<input type="checkbox"/>	<input type="checkbox"/>	Periodic; Specify frequency _____			
<input type="checkbox"/>	<input type="checkbox"/>	Barriers erected around CS opening where personnel could fall into, or drop objects onto entrants through, a confined space opening	<input type="checkbox"/>	<input type="checkbox"/>	Confined space drained and flushed
<input type="checkbox"/>	<input type="checkbox"/>	All hazards identified and isolated	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Hot work permit required	<input type="checkbox"/>	<input type="checkbox"/>	Personnel have been trained
<input type="checkbox"/>	<input type="checkbox"/>	Energy sources isolated/locked out	<input type="checkbox"/>	<input type="checkbox"/>	Adequate number of Attendant(s) to provide continuous coverage
<input type="checkbox"/>	<input type="checkbox"/>	Notify SLAC Fire Protection for entries into PRCS with known hazardous atmosphere	<input type="checkbox"/>	<input type="checkbox"/>	Adequate number of entrants to perform task
<input type="checkbox"/>	<input type="checkbox"/>	Other; Specify _____	<input type="checkbox"/>	<input type="checkbox"/>	Technical support to performing atmospheric testing available

Equipment Required					
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Yes	N/A		Yes	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	Forced air or exhaust ventilation equipment	<input type="checkbox"/>	<input type="checkbox"/>	Non-sparking tools used
<input type="checkbox"/>	<input type="checkbox"/>	Ground fault interrupters (GFCI)	<input type="checkbox"/>	<input type="checkbox"/>	Low voltage lighting used
<input type="checkbox"/>	<input type="checkbox"/>	Retrieval Equipment (Not required for hand/arm entries)	<input type="checkbox"/>	<input type="checkbox"/>	Communication Equipment
<input type="checkbox"/>	<input type="checkbox"/>	Retrieval line			Specify _____
<input type="checkbox"/>	<input type="checkbox"/>	Tripod unit (required for vertical spaces > 5')			

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<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher -for welding/burning/hot work	<input type="checkbox"/>	<input type="checkbox"/>	Equipment rated for explosive atmospheres
<input type="checkbox"/>	<input type="checkbox"/>	Auxiliary lighting	<input type="checkbox"/>	<input type="checkbox"/>	Other; Specify _____
Personal Protective Equipment Required					
Yes	N/A		Yes	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	Hard Hat	<input type="checkbox"/>	<input type="checkbox"/>	Protective Clothing
<input type="checkbox"/>	<input type="checkbox"/>	Eye/Face Protection	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Protection
<input type="checkbox"/>	<input type="checkbox"/>	Gloves; Specify Type: _____	<input type="checkbox"/>	<input type="checkbox"/>	Retrieval Body harness or wristlets (circle)
<input type="checkbox"/>	<input type="checkbox"/>	Safety toe Shoes	<input type="checkbox"/>	<input type="checkbox"/>	Respirator; Specify Type/cartridge
<input type="checkbox"/>	<input type="checkbox"/>	Other: Specify _____	<input type="checkbox"/>	<input type="checkbox"/>	Other: Specify _____

SECTION 3 Decision Tree
<p>1. Are there any serious safety or health hazards identified in Section I or during atmospheric testing (recorded in Section 11 of the SLAC Permit)? _____ Yes (Go to Question 2.) _____ No (If the space is currently designated as a "permit space", it can be reclassified to a non-permit space. Complete Section 9 of the permit)</p> <p>2. Does the space pose an actual or potential atmospheric hazard? _____ Yes (Go to Question 3.) _____ No (Go to Question 4.)</p> <p>3. Is the only hazard in the space an atmospheric hazard that can be controlled by continuous mechanical ventilation? _____ Yes (You may use the alternate entry procedures as defined through the work control process, or use permit entry procedures) _____ No (Permit entry is required. Follow procedure for entering a permit-required confined space and complete Permit)</p> <p>4. Can all hazards be eliminated without entry into the space? _____ Yes (Space can be reclassified as a non-permit entry.) Complete Section 9 of the permit) _____ No (Permit entry is required. Follow procedure for entering a permit-required confined space and complete Permit)</p>

For the purposes of this entry:

- All identified hazards have been isolated or eliminated and space is not permit-required.
- The identified hazards will be controlled through continuous forced air ventilation and air monitoring.
- The space is permit-required.

Supervisor's name: _____

Supervisor's signature: _____

Date: _____