

# 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: <i>PPA</i>	Space/Location: <i>BABAR DIRT</i>
Entry Purpose: <i>REMOVAL OF VAC CHAMBR</i>	Date: <i>9-12-06</i>

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<i>FORCED AIR &amp; MONITOR</i>
Does the space contain any chemicals or chemical residue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Does the space contain any flammable/combustible substances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Does the space contain or potentially contain significant amount of decomposing organic matter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Does the space have any pipes which bring chemicals into it?	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	
Does the tank, vessel or equipment in the space contain rusted interior surfaces? (Potential for O <sub>2</sub> deficient atmosphere)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Does the space contain thermal hazards (e.g., extremely hot or cold)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Does the space have poor illumination levels?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Does the space contain excessive noise levels which could interfere with communication with an attendant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Does the space present any slip, trip, or fall hazards?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Are there any operations conducted or equipment adjacent to the space opening which could present a hazard to entrants?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>FINGER PINCH</i>
Are there any hazards from falling objects into the confined space that would necessitate use of barriers.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Are there lines under pressure (compressed air or steam) servicing the space?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Are cleaning solvents or paints going to be used in the space?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is welding, cutting, brazing, riveting, scraping, or sanding going to be performed in the space?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<i>FORCED AIR</i>
Is the entry into a vertical space > 5 feet deep?	<input type="checkbox"/>	<input checked="" 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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<b>SECTION 1 Hazard Evaluation and Controls</b>			
Are there any conditions which could prevent any entrants' self-rescue from the space?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EQUIP. IN WAY RESTRICTED HEIGHT N <sub>2</sub> DISPLACE O <sub>2</sub>
Are there any substances used in the space which have acute hazards?	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Is air monitoring necessary to ensure the space is safe for entry due to potential hazardous atmosphere?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are residues going to be scraped off the interior surfaces of the vessel?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Are non-sparking tools required to remove residues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is respiratory protection required because of a hazardous atmosphere?)	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	

<b>SECTION 2 Hazard Evaluation and Controls</b>			
<b>Preparation</b>			
Yes	N/A	Yes	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has the confined space been evaluated		Electrical equipment is grounded	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Entry area free of debris and objects		No compressed cylinders in space	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Atmospheric monitoring conducted		Host employer and/ or contractor notified	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Constant monitoring required		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"/>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Confined space drained and flushed	
Barriers erected around CS opening where entrants through, a confined space opening		<input checked="" type="checkbox"/>	<input type="checkbox"/>
All hazards identified and isolated		Personnel have been trained	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hot work permit required		Adequate number of Attendant(s) to provide continuous coverage	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Energy sources isolated/locked out		Adequate number of entrants to perform task	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Notify SLAC Fire Protection for entries into PRCS with known hazardous atmosphere		Technical support to performing atmospheric testing available	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other; Specify _____			
<b>Equipment Required</b>			
Yes	N/A	Yes	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Forced air or exhaust ventilation equipment		Non-sparking tools used	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ground fault interrupters (GFCI)		Low voltage lighting used	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Retrieval Equipment (Not required for hand/arm entries)		Communication Equipment	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Specify _____	
Retrieval line			
<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Tripod unit (required for vertical spaces > 5')			
<input type="checkbox"/>	<input type="checkbox"/>		

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SECTION 2 Hazard Evaluation and Controls			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Extinguisher -for welding/burning/hot work	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Auxiliary lighting	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equipment rated for explosive atmospheres	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Other; Specify _____	<input type="checkbox"/>
Personal Protective Equipment Required			
Yes	N/A		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hard Hat	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Eye/Face Protection	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gloves; Specify Type: _____	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Safety toe Shoes	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Other: Specify _____	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Protective Clothing	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hearing Protection	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Retrieval Body harness or wristlets (circle)	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Respirator; Specify Type/cartridge	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Other: Specify _____	<input type="checkbox"/>

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)?</p> <p><input type="checkbox"/> Yes (Go to Question 2.)</p> <p><input checked="" type="checkbox"/> 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?</p> <p><input checked="" type="checkbox"/> Yes (Go to Question 3.)</p> <p><input type="checkbox"/> 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?</p> <p><input checked="" type="checkbox"/> Yes (You may use the alternate entry procedures as defined through the work control process, or use permit entry procedures)</p> <p><input type="checkbox"/> 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?</p> <p><input type="checkbox"/> Yes (Space can be reclassified as a non-permit entry.) Complete Section 9 of the permit)</p> <p><input checked="" type="checkbox"/> 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: EVERETT S. PIERSON JR

Supervisor's signature: *Everett S. Pierson Jr*

Date: 9-12-06