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 SEARCH

[A to Z Index](#) | [En Español](#) | [Contact Us](#) | [FAQs](#) | [About OSHA](#)

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OSHA QuickTakes

[Newsletter](#)

[RSS Feeds](#)

[Print This Page](#)

[Text Size](#)

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[What's New](#) | [Offices](#)

[Home](#)

[Workers](#)

[Regulations](#)

[Enforcement](#)

[Data & Statistics](#)

[Training](#)

[Publications](#)

[Newsroom](#)

[Small Business](#)



[Regulations \(Standards - 29 CFR\) - Table of Contents](#)

- **Part Number:** 1910
- **Part Title:** Occupational Safety and Health Standards
- **Subpart:** J
- **Subpart Title:** General Environmental Controls
- **Standard Number:** 1910.146 App D
- **Title:** Confined Space Pre-Entry Check List

Appendix D to §1910.146 -- Sample Permits

Appendix D-1

Confined Space Entry Permit

Date and Time Issued: _____ Date and Time Expires: _____
 Job site/Space I.D.: _____ Job Supervisor: _____
 Equipment to be worked on: _____ Work to be performed: _____

Stand-by personnel: _____

1. Atmospheric Checks: Time _____
 Oxygen _____ %
 Explosive _____ % L.F.L.
 Toxic _____ PPM

2. Tester's signature: _____

3. Source isolation (No Entry): N/A Yes No
 Pumps or lines blinded, () () ()
 disconnected, or blocked () () ()

4. Ventilation Modification: N/A Yes No
 Mechanical () () ()
 Natural Ventilation only () () ()

5. Atmospheric check after isolation and Ventilation:
 Oxygen _____ % > 19.5 %
 Explosive _____ % L.F.L. < 10 %
 Toxic _____ PPM < 10 PPM H(2)S
 Time _____
 Testers signature: _____

6. Communication procedures: _____

7. Rescue procedures: _____

8. Entry, standby, and back up persons: Yes No
 Successfully completed required training? () ()
 Is it current? () ()

9. Equipment: N/A Yes No
 Direct reading gas monitor - tested () () ()
 Safety harnesses and lifelines for entry and standby persons () () ()
 Hoisting equipment () () ()
 Powered communications () () ()
 SCBA's for entry and standby persons () () ()
 Protective Clothing () () ()
 All electric equipment listed Class I, Division I, Group D and Non-sparking tools () () ()

10. Periodic atmospheric tests:
 Oxygen _____ % Time _____ Oxygen _____ % Time _____
 Oxygen _____ % Time _____ Oxygen _____ % Time _____
 Explosive _____ % Time _____ Explosive _____ % Time _____
 Explosive _____ % Time _____ Explosive _____ % Time _____
 Toxic _____ % Time _____ Toxic _____ % Time _____

| | | | |
|--------------|------------|--------------|------------|
| Toxic _____% | Time _____ | Toxic _____% | Time _____ |
|--------------|------------|--------------|------------|

We have reviewed the work authorized by this permit and the information contained here-in. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked in the "No" column. This permit is not valid unless all appropriate items are completed.

Permit Prepared By: (Supervisor) _____
 Approved By: (Unit Supervisor) _____
 Reviewed By (Cs Operations Personnel) : _____

| | |
|----------------|-------------|
| (printed name) | (signature) |
|----------------|-------------|

This permit to be kept at job site. Return job site copy to Safety Office following job completion.

Copies: White Original (Safety Office)
 Yellow (Unit Supervisor)
 Hard (Job site)

Appendix D - 2

ENTRY PERMIT

PERMIT VALID FOR 8 HOURS ONLY. ALL COPIES OF PERMIT WILL REMAIN AT JOB SITE UNTIL JOB IS COMPLETED

DATE: - - SITE LOCATION and DESCRIPTION _____
 PURPOSE OF ENTRY _____
 SUPERVISOR(S) in charge of crews Type of Crew Phone # _____

COMMUNICATION PROCEDURES _____
 RESCUE PROCEDURES (PHONE NUMBERS AT BOTTOM) _____

* BOLD DENOTES MINIMUM REQUIREMENTS TO BE COMPLETED AND REVIEWED PRIOR TO ENTRY*

| | | |
|----------------------------------|-------|-------|
| REQUIREMENTS COMPLETED | DATE | TIME |
| Lock Out/De-energize/Try-out | _____ | _____ |
| Line(s) Broken-Capped-Blanked | _____ | _____ |
| Purge-Flush and Vent | _____ | _____ |
| Ventilation | _____ | _____ |
| Secure Area (Post and Flag) | _____ | _____ |
| Breathing Apparatus | _____ | _____ |
| Resuscitator - Inhalator | _____ | _____ |
| Standby Safety Personnel | _____ | _____ |
| Full Body Harness w/"D" ring | _____ | _____ |
| Emergency Escape Retrieval Equip | _____ | _____ |
| Lifelines | _____ | _____ |
| Fire Extinguishers | _____ | _____ |
| Lighting (Explosive Proof) | _____ | _____ |
| Protective Clothing | _____ | _____ |
| Respirator(s) (Air Purifying) | _____ | _____ |
| Burning and Welding Permit | _____ | _____ |

Note: Items that do not apply enter N/A in the blank.

**RECORD CONTINUOUS MONITORING RESULTS EVERY 2 HOURS

| | | |
|-------------------------|----------------|-------|
| CONTINUOUS MONITORING** | Permissible | _____ |
| TEST(S) TO BE TAKEN | Entry Level | _____ |
| PERCENT OF OXYGEN | 19.5% to 23.5% | _____ |
| LOWER FLAMMABLE LIMIT | Under 10% | _____ |
| CARBON MONOXIDE | +35 PPM | _____ |
| Aromatic Hydrocarbon | + 1 PPM * 5PPM | _____ |
| Hydrogen Cyanide | (Skin) * 4PPM | _____ |
| Hydrogen Sulfide | +10 PPM *15PPM | _____ |
| Sulfur Dioxide | + 2 PPM * 5PPM | _____ |
| Ammonia | *35PPM | _____ |

* Short-term exposure limit: Employee can work in the area up to 15 minutes.
 + 8 hr. Time Weighted Avg.: Employee can work in area 8 hrs (longer with appropriate respiratory protection).

REMARKS: _____

| | | | |
|-----------------|---------------|-----------|-------------|
| GAS TESTER NAME | INSTRUMENT(S) | MODEL | SERIAL &/OR |
| & CHECK # | USED | &/OR TYPE | UNIT # |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |


SAFETY STANDBY PERSON IS REQUIRED FOR ALL CONFINED SPACE WORK


| | | | |
|--------------------------|---------|----------------|---------|
| SAFETY STANDBY PERSON(S) | CHECK # | CONFINED SPACE | CHECK # |
| _____ | _____ | ENTRANT(S) | _____ |
| _____ | _____ | ENTRANT(S) | _____ |

SUPERVISOR AUTHORIZING - ALL CONDITIONS SATISFIED _____
 DEPARTMENT/PHONE _____

AMBULANCE 2800 FIRE 2900 Safety 4901 Gas Coordinator 4529/5387

[58 FR 4549, Jan. 14, 1993; 58 FR 34846, June 29, 1993]

 [Next Standard \(1910.146 App E\)](#)

 [Regulations \(Standards - 29 CFR\) - Table of Contents](#)

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