



PART A		CONFINED SPACE INFORMATION	
Date: mm / dd / yyyy	Permit Number(s):		
Valid From (Date and Time):	To:		
Equipment Name:	Equipment Number:		
Product Last Contained:	Method of Purging:		
Reason for Confined Space Entry:			
Hazards Identified by Field Level Hazard Assessment:			

PART B				PRE-ENTRY PREPARATION & INSPECTION			
Contents Removed / Purged	<input type="checkbox"/> Yes <input type="checkbox"/> No	Blinding / Blanking Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Electrical Lockout Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Ventilation Installed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Mechanical Lockout Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cathodic Protection Off	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Concurrent Activities Identified	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Rescue Plan Completed and Reviewed:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Egress Route Identified and Assessed	<input type="checkbox"/> Yes <input type="checkbox"/> No	SABA Escape Bottle Size Required:	<input type="checkbox"/> 5 min <input type="checkbox"/> 10 min <input type="checkbox"/> 15 min				

PART C													ATMOSPHERIC TESTING												
Time of Test																									
O ₂ (19.5-23%)																									
LEL (<10%)																									
H ₂ S (<10ppm)																									
CO (<25ppm)																									
OTHER TESTS AS REQUIRED																									
Benzene (<0.5ppm)																									
Nuclear Gauge Radiation (<2.5 µSv/hr)																									
NORM																									
Other:																									
Tester's Initials																									

Last Meter Calibration Date: mm / dd / yyyy	Completed By:
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PART D		WHMIS INFORMATION	
List all controlled products present:			

PART E		PERSONAL PROTECTIVE EQUIPMENT REQUIRED	
List all PPE required to do the job:			

PART F				FINAL ENTRY CHECK			
Rescue Plan Reviewed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Safe Lighting Available	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Rescue Equipment On Site	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (ropes, barricades, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Protective Equipment On Site	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-job Safety Meeting Held	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Has Rescue PPE Been Checked	<input type="checkbox"/> Yes <input type="checkbox"/> No	MSDS Available & Reviewed	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Communication Plan Checked	<input type="checkbox"/> Yes <input type="checkbox"/> No	Area & Equipment Properly Secured	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Equipment Grounded	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Atmospheric Testing Required	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Safety Watch's Name	On Duty Time	Off Duty Time	CSE Checklist Reviewed	Signature
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

CPC Representative's Name	Date	Time	Contact Number	Signature

RECORD ALL ENTRIES INTO THE CONFINED SPACE ON PAGE 2

