

Confined Space Log

Location:		Permit #	
Date:		Exp. Date	

Attendant:					
Attendant:					
Entry Supervisor:					
Entrant:		Time in:	Time out:	Time in:	Time out:
Entrant:		Time in:	Time out:	Time in:	Time out:
Entrant:		Time in:	Time out:	Time in:	Time out:
Entrant:		Time in:	Time out:	Time in:	Time out:
Entrant:		Time in:	Time out:	Time in:	Time out:

Hazard Control Checklist	Yes	No
Has the confined space been drained and purged?		
Has the confined space been cleaned?		
Has the confined space been ventilated?		
Has the confined space been blinded or isolated?		
Have all energy source been locked out/tagged out and in a zero energy state?		
Have all radiation sources been locked into their shielded containers?		
Do each open man way or entrance to the confined space have a posted notice?		
Is require equipment required?		
Will entry involve oxygen deficiency?		
Will entry involve flammable gases or vapors greater than 10% of the LFL or greater than 23.5% oxygen?		
Will entry involve toxic gases or vapors greater than the Permissible Exposure Limit?		
Will entry involve configuration hazards?		
Will entry involve electrical shock?		
Will entry involve engulfment?		
Will entry involve materials harmful to the skin?		
Will entry involve mechanical hazards?		
Have all employes on this permit been trained in confined spaces?		

Required PPE

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Foot protection | <input type="checkbox"/> Face shield | <input type="checkbox"/> Rescue equipment |
| <input type="checkbox"/> Hand protection | <input type="checkbox"/> High viz | <input type="checkbox"/> Respiratory Protection |
| <input type="checkbox"/> Z-87 | <input type="checkbox"/> FR | <input type="checkbox"/> Ventilation |
| <input type="checkbox"/> Goggles | <input type="checkbox"/> Hard hat | <input type="checkbox"/> Other |

Tests	Oxygen %	LEL %	VOC	Time	Calibration Date
1					
2					
3					
4					
5					