

Confined Space Evaluation/Entry Form

Location/description: _____ **Date/Time:** _____

Scope of work: _____

Type of Confined Space work (Check one): **Construction/Maintenance** ___ **Non-Permit Required** ___

Verification of Atmosphere Analysis: **Instrument No.:** _____ **Battery Charged?** YES ___ NO ___
 Date Calibrated: _____ **Date Charged:** _____

Initial monitoring: _____ **Instrument Reading**

Test	Acceptable Levels	Initial Result	4 th Hour Result	8 th Hour Result	Other Result
Oxygen	19.5% – 23.5%				
Carbon-dioxide CO ₂	5000 ppm PEL TWA				
Carbon-monoxide CO	25 ppm PEL TWA				
Flammable* -	≤10% LEL =				
Toxic: _____					
Toxic: _____					

Ventilation (if necessary):

Air Movement (CFM)	Size of Space (Cubic feet)	Ventilation Time

Concurrent / Post-ventilation monitoring:

Instrument Reading

Test	Acceptable Levels	Initial Result	4 th Hour Result	8 th Hour Result	Other Result
Oxygen	19.5% – 23.5%				
Carbon-dioxide CO ₂	5000 ppm PEL TWA				
Carbon-monoxide CO	25 ppm PEL TWA				
Flammable* -	≤10% LEL =				
Toxic: _____					
Toxic: _____					

*Enter flammable(s) present and 10% of LEL. Use the back of this form to log additional flammables or toxics monitored, or additional instrument readings as necessary.

Other hazards controlled*

Potential Hazard	Control
1.	1.
2.	2.

*Use the back of this form to log additional potential hazards and controls as necessary.

Entrant 1 (printed name(s)) _____ **Attendant** (printed name) _____

Entrant 2 _____ **Entrant 3** _____ **Entrant 4** _____

Rescue Personnel (printed names) **1.** _____ **2.** _____

Space evaluation conducted by: _____

Signature

Date

Debriefing: Please note any hazards confronted or created during CSE work and suggestions for safe future entry on the back of this form.