

Confined Space Checklist

Aircraft Serial Number _____ Aircraft Location (Spot Ramp) _____

Job/Task _____

Date (duration until task is complete) _____

Local Fire Department Phone Number _____

Local Hospital Phone Number _____

Monitoring Equipment _____ Date of Calibration _____

Hazards Present: Fuel Type _____

Chemicals known to be present _____

Chemical to be used:

Oxygen Level (must be between 19.5% and 23%) _____ Date _____ Time _____

% LEL (must be less than 10%) _____ Date _____ Time _____

MONITORING REQUIREMENTS:

Oxygen Level

Air Purge: *Prior to first entry of every shift and every four hours thereafter or more often as deemed necessary.*

Fluid Purge: *Prior to first entry of every shift or more often as deemed necessary.*

% LEL

Air Purge: *Prior to first entry of every shift and every four hours thereafter or more often as deemed necessary.*

Fluid Purge: *Prior to first entry of every shift or more often as deemed necessary.*

Isolation Procedures:

Lockout/Tagout (electrical) Not Required _____ Completed _____

Lockout/Tagout (mechanical) Not Required _____ Completed _____

Ventilation: Continuous mechanical ventilation required during all entries.

Equipment used _____

Personal Protective Equipment:

Respirator _____ Coveralls _____

Other _____

Remarks/Additional Information:

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Rescue Team: (minimum of two people) In case of emergency, contact _____

(The permit should designate who, either the attendant or runner, is assigned responsibility to participate on the extraction team in accordance with the emergency response plan.)

Location of rescue equipment: Spare respirator is on site.
Other equipment _____

Name of Attendant _____
(attach list if necessary)

Authorized Entrants _____

(attach list if necessary)

Entry Chief _____

Entry Authority _____

Title Signature Date

Confined Space Checklist

Confined Space Permit

w/o # DATE:	Persons perform entry	Full names:		
Important phones numbers	fire	paramedics	Home office	OTHER
LOCK OUT /TAG OU DEVICES INSTALLED	LOCATIONS			
ATTENDED NAME		MONITOR MODEL: SERIAL NUMBER:	CALIBRATION TIME BEFORE ENRTY:	CALIBRATION TIME AFTER ENRTY:
TIME	LEL LEVEL	O2 LEVEL		
1				
2				
3				
4				
5				
6				
NOTES	LEL LEVEL MUST BE BELOW 10%	OXYEGN LEVEL MUST BE BETWEEN 19.5 AND 23.5%		
PERSONNEL EQUIPMENT BEING USED:				
SUPERVISOR NAME:		Signature of supervisor		

Attended must perform any other task other monitoring personnel and equipment in confined space, the attend must also qualified to perform confined space work.

Notify fire department of confined space operations.

All individuals performing confined space must be qualified.

The supervisor will perform a safety brief prior to all entries.

Remember this is your health and life!