



Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_

1.	Have hazardous sources been isolated? Pumps/ lines blinded, disconnected, or blocked?	Yes	No	NA
2.	Ventilation modifications:			
	Mechanical?	Yes	No	NA
	Natural Ventilation Only?	Yes	No	NA
3.	Direct reading gas monitor available and tested?	Yes	No	NA
4.	Safety harnesses and lifelines for entry being used and tested?	Yes	No	NA
5.	List of entry and standby persons provided to OFD?	Yes	No	NA
6.	Hoisting equipment available and tested?	Yes	No	NA
7.	Powered communications available and tested?	Yes	No	NA
8.	SCBA's for entry and standby persons available and tested?	Yes	No	NA
9.	Protective clothing & all required PPE available & tested for entry & standby persons?	Yes	No	NA
10.	Electric equipment listed as Class I, Division I Group D, and Non-sparking tools?	Yes	No	NA
11.	Confined Spaces Permit will be posted at work site.	Yes	No	NA
12.	Atmospheric monitoring to be documented below upon entry & ea. 30 min. thereafter?	Yes	No	NA

[illegible]

Date Closed:

1-1-25