Confined Space Entry Planning Worksheet

What is the type of confined space? Permit-Required	Non-Permit	Unknown (must be evaluated prior to entry)
Where is the confined space located?	TVOII T CITIII	Officiown (must be evaluated prior to entry)
Reason for entering the confined space:		
Contents of the confined space:		
List oxygen level:		
Describe the procedures used to test	oxygen and the to	esting equipment used:
List flammable gas level: Describe the procedures used to test	flammable gas le	vel and the testing equipment used:
List toxic gas levels:		
Describe the procedures used to test	toxic gas levels a	nd the testing equipment used:
List all mechanical and physical hazards:		
Describe the procedures for isolating all n	nechanical and ph	nysical hazards:
What type of ventilation will be used? []	Mechanical	[] Natural
Describe procedures:		
Will the confined space be purged?	Yes	No
If yes, list the procedures:		
Will confined space be cleaned?	Yes	No
If yes, list procedures:		

List all chemicals that will be used:		
Will warning signs or barriers be needed?		
If yes, describe what type and where they must be pla	aced:	
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List the names and job assignments for every individual who will be involved in the entry.		
Name	Job Assignment	
List all equipment that will be needed.		
Type of Equipment	Quantity	
-ype of Equipment	C	