



INJURY & ILLNESS PREVENTION PROGRAM

CONFINED SPACE - POST ENTRY FORM

Date: _____ Weather: _____
 Project Name: _____ W.O.# _____
 Site Location: _____
 Contractor: _____
 Purpose of Entry: _____
 Inspector/Entrant: _____
 Dist Supervisor: _____

POST ENTRY SURVEY

- Contractor has a Cal-OSHA compliant Confined Space Policy Y N
- Did the Contractor reclassify the space as Non-Permit Required Confined Space per Section 5157 (A). Y N *If the Contractor form does not reclassify the space must be treated as a Permit Required Confined Space*
- Contractor has the proper equipment (Please Check)
 Rescue Equipment _____
 Calibrated Gas Detection* _____ Communication devices _____ Appropriate PPE _____
**The contractor must continually monitor the air with gas detectors while any worker is in the space.*

4. Identification of Trained Confined Space Staff

<u>Attending Staff</u>	<u>Name of Individual (Must be Legible)</u>	<u>Contractor or BCA</u>
Entry Supervisor	_____	_____
Entrant (1)	_____	_____
Entrant (2)	_____	_____
Entry Assistant	_____	_____
Rescuer	_____	_____

5. Hazards of the space to be entered

Atmospheric _____ Engulfment _____
 Configuration _____ Another serious hazard _____

6. District Supervisor Approval

If not explain why _____

7. Time of Entry

Completion Time _____

8. Entry was problem free

(If problems were encountered please describe them below) _____

9. Was the District Supervisor notified when the entry was completed

Yes _____ No _____

REQUIRED SIGNATURES

 Inspector/Entrant (Printed)

 Supervisor (Printed)

 Inspector/Entrant (Signature)

 Date

 Supervisor (Signature)

 Date