

# [Contractor Name] Pre-Entry Checklist

§5157. Permit-Required Confined Spaces - Re-Classification to Non-Permit Required Confined Space per §5157(5) & (7)

Date and Time Issued: \_\_\_\_\_ Date and Time Expires: \_\_\_\_\_

Job site/Space I.D.: \_\_\_\_\_

Job Supervisor: \_\_\_\_\_ Tel#: \_\_\_\_\_

Work to be performed: \_\_\_\_\_

Stand-by personnel: \_\_\_\_\_

1. Statement of training per Company IIPP:

Staff are trained in confined space entry per §5157(g) Training. \_\_\_\_ [YES or NO]

2. Equipment:	N/A	Yes	No
Safety harnesses	( )	( )	( )
Hoisting equipment	( )	( )	( )
Communication equipment	( )	( )	( )
Protective Clothing	( )	( )	( )
SCBA & other equipment	( )	( )	( )

**GAS DETECTION EQUIPMENT**

Product \_\_\_\_\_

Serial # \_\_\_\_\_

Calibration Date \_\_\_\_\_

3. Initial Atmospheric Checks: Time \_\_\_\_\_

Oxygen \_\_\_\_% Explosive \_\_\_\_% L.F.L. Toxic \_\_\_\_ PPM

4. Does the space have a known or potential hazard?

NO \_\_\_\_ NOT A PERMIT REQUIRED CONFINED SPACE

YES \_\_\_\_ STATE THE HAZARD \_\_\_\_\_

5. Can the hazard be eliminated?

YES \_\_\_\_ Employer can reclassify as a non-permit required confined space per Section 5157(c) (7).

STATE HOW THE HAZARD WAS ELIMINATED \_\_\_\_\_

Entry/Project Supervisor \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

NO \_\_\_\_ GO TO #6

6. Can the space be maintained in a condition safe to enter by continuous forced air ventilation only?

YES \_\_\_\_ Space may be entered per Section 5157(c) (5).

NO \_\_\_\_ Prepare for entry via permit procedures.

7. Atmospheric check after Isolation and Ventilation: Time \_\_\_\_\_

Oxygen \_\_\_\_% Explosive \_\_\_\_% L.F.L. Toxic \_\_\_\_ PPM

Tester's signature: \_\_\_\_\_

Contractor certifies that this confined space is re-classified as a NON-PERMIT REQUIRED CONFINED SPACE per §5157 (5) & (7).

Entry/Project Supervisor \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Contractor's record of monitoring entry of staff for a  
Non-Permit Required Confined Space

This permit is valid for only one day and only with continuous monitoring when there are entrants [per §5157 (5) & (7)].

8. Periodic atmospheric testing must be documented at all times that there are any entrants in the space and shall be recorded below:

TIME _____	O <sub>2</sub> ____%	EXPLOSIVE ____%	LFL _____	H <sub>2</sub> S ____	PPM _____	<i>TECH INITIALS</i> _____
TIME _____	O <sub>2</sub> ____%	EXPLOSIVE ____%	LFL _____	H <sub>2</sub> S ____	PPM _____	<i>TECH INITIALS</i> _____
TIME _____	O <sub>2</sub> ____%	EXPLOSIVE ____%	LFL _____	H <sub>2</sub> S ____	PPM _____	<i>TECH INITIALS</i> _____
TIME _____	O <sub>2</sub> ____%	EXPLOSIVE ____%	LFL _____	H <sub>2</sub> S ____	PPM _____	<i>TECH INITIALS</i> _____
TIME _____	O <sub>2</sub> ____%	EXPLOSIVE ____%	LFL _____	H <sub>2</sub> S ____	PPM _____	<i>TECH INITIALS</i> _____
TIME _____	O <sub>2</sub> ____%	EXPLOSIVE ____%	LFL _____	H <sub>2</sub> S ____	PPM _____	<i>TECH INITIALS</i> _____
TIME _____	O <sub>2</sub> ____%	EXPLOSIVE ____%	LFL _____	H <sub>2</sub> S ____	PPM _____	<i>TECH INITIALS</i> _____
TIME _____	O <sub>2</sub> ____%	EXPLOSIVE ____%	LFL _____	H <sub>2</sub> S ____	PPM _____	<i>TECH INITIALS</i> _____
TIME _____	O <sub>2</sub> ____%	EXPLOSIVE ____%	LFL _____	H <sub>2</sub> S ____	PPM _____	<i>TECH INITIALS</i> _____

NOTES:

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This form shall be kept at job site. Copies shall be sent to the Project Safety Officer following job completion.