Non-permit-required Confined Space Entry Form

Applicability. This form applies to non-permit required confined space (NPRCSs). It establishes that there are no existing hazards associated with this confined space and that the planned work will not introduce any.

Instructions. This form must be completed before anyone enters the space and kept at or near the entrance to the space during entry. To ensure entry conditions are acceptable, this form is good for one day only. For work lasting more than one day, a separate form is needed for each day's work.

Confined Space

|  |  |
| --- | --- |
| Reason for entry: | Entry date: |
| Location: |
| Space description: |
| Evaluate if new hazards will be created by the planned work (a NPRCS entry requires that the answer to all three questions be “no”) |
| Will any activities that could create a hazard be conducted inside the confined space, such as welding or breaking a line? [ ]  No [ ]  YesIf yes, describe: |
| Will any chemicals that could create a hazard be brought into the space? Examples include solvents and adhesives. [ ]  No [ ]  Yes If yes, specify: |
| Are there any conditions in or around this space that could adversely affect anyone who enters it? [ ]  No [ ]  YesIf yes, describe: |

Air Monitoring Results

|  |
| --- |
| Attendant will sample air [ ]  Initially [ ]  Every \_\_\_\_\_\_ minutes [ ]  Continuously |
| Device | Sequence or serial number | Calibration due date | Pre-use check performed by | Notes |
|  |  |  |  |  |
|  |  |  |  |  |
| Time | Sampled by | [ ]  O2(19.5–23.5%) | [ ]  (LEL/LFL <10%) | [ ]  CO(<25 ppm) | [ ]  H2S(<10 ppm) | [ ]  Stratification | [ ]  Other: |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Personnel Entry and Exit Record *(to be completed as needed before and during work)*

| Attendant name: | Entrant name:  | Entrant name: | Entrant name: | Entrant name: | Entrant name: | Entrant name: |
| --- | --- | --- | --- | --- | --- | --- |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Notes: |

Confirmation (must be signed by the confined space entry supervisor before work begins)

|  |
| --- |
| I confirm that there are no existing hazards associated with this confined space and that the planned work will not introduce any.Name: |
| Signature: | Date: |