

Permit-Required Confined Space Entry Form

Confined Space Entry Permit

Daily Safety Inspection Form

Date: _____ Project: _____ Location: _____

Competent Person / Entry Supervisor approval signature: _____

Permit Issued to (Name of Employees): _____

Time Issued: _____ Time Expires: _____

List Active Hazards Present:

Inspect access - (describe access system, verify access points at least every 25 ft.): _____

No Entry Allowed to Personnel Not Issued Permit

Safety Measures Checklist (To be filled out by Entry Supervisor)

Required Equipment	Yes	No	Required Equipment	Yes	No
Warnings / Barricades			Fire Extinguisher		
Tripod & Winch			Harness		
Lifeline			Lighting		
Ventilation Required			Electrical Protection		
Lockout / Tag-out			MOP Suit		
Safety Glasses			Hearing Protection		
Goggles			Ladder		
Boots			Respiratory Protection		
Protective Clothing			Other		

Special PPE Required

Emergency Plan / Extraction Plan:

