



SAFETY MEETING AND CHECKLIST OF CONSIDERATIONS FOR ENTRY, WORKING IN AND EXITING CONFINED SPACES CHART



Project Name: _____

Location: _____ Job #: _____

Work to be performed: _____

Safety Director: _____ Project Supervisor: _____

Date: _____

X = Requirement

O = Determination by the Qualified Person

(Check off each completed item:)

- | | | | |
|----|---|------------------------------|-------|
| 1. | Permit | X () | O () |
| 2. | Atmospheric Testing | X () | O () |
| | Type of test | _____ | |
| | Reading | O ₂ Content _____ | |
| | | Other _____ | |
| 3. | Monitoring | X () | O () |
| 4. | Medical Surveillance | X () | O () |
| 5. | Training of Personnel | X () | O () |
| 6. | Labeling and Posting | X () | O () |
| 7. | Preparation: | | |
| | Isolate/Lockout/Tag | X () | O () |
| | Purge and Ventilate | X () | O () |
| | Cleaning Processes | X () | O () |
| | Requirements for Special
Equipment and Tools | X () | O () |
| 8. | Procedures: | | |
| | Initial Plan | X () | O () |
| | Standby | X () | O () |
| | Communications | X () | O () |
| | Rescue | X () | O () |
| | Work | X () | O () |

9. Safety Equipment & Clothing:

- | | | |
|------------------------|-------|-------|
| Head Protection | X () | O () |
| Hearing Protection | X () | O () |
| Hand Protection | X () | O () |
| Foot Protection | X () | O () |
| Body Protection | X () | O () |
| Respiratory Protection | X () | O () |
| Life Lines, Harness | X () | O () |
| Tri-Pod | X () | O () |

10. Rescue Equipment X () O ()

11. Record Keeping/Exposure X () O ()

12. Observer Required at Entry X () O ()

The Company has complied with all required measures.

Project Supervisor: _____

I have received instruction on this work and fully understand and have complied with all provisions noted on this form.

Employees: _____

