

CONFINED SPACE CHECKLIST

Job Location: _____ Date: _____

Job Description: _____

Confined Space Attendant	
Are all workers trained in confined space entry?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Names of personnel entering space (attach additional sheets if necessary)	

Who is designated as being directly responsible for the supervision of the work?	

Potential hazards that may be encountered? (Specific chemical, gas, etc.)	

How have the identified hazards been mitigated as required for entry?	

Have all potential hazards been discussed with each of the assigned workers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has a JSA been done for this job?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do any hazards involve Nitrogen, H ₂ S, etc. or any other gas or chemical?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there immediate hazard to life?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all signs and barricades in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are continuous air monitors being used?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has an evacuation and rescue plan been formulated, prepared for and discussed with each employee?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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If space is a trench are there ladders at least every 25 feet as means of egress?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is evacuation route clear of hazards/debris?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have all workers read and signed all of the applicable work permits?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has a PTP card been filled out and signed by all workers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does each worker understand his individual duty and responsibility on the assignment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does each worker understand that his first responsibility is to report a hazard exposure, hazard release, accident or emergency?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the confined space attendant in direct contact with ALL workers assigned?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What means of communication has been established between attendant and workers? (ie: air horn, radio, verbal)	
Have supervisory personnel verified that monitoring and/or samples have been taken, where possible, to check for the presence of hazardous substance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has operations verified the de-pressurization of lines and/or equipment and that all systems have been drained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has supervisory personnel walked the entire job to ensure that all block valves are closed and/or blinds in place and vents and drains are working properly to eliminate the possibility of leakage into the confined space?	Yes <input type="checkbox"/> No <input type="checkbox"/>

JOB FOREMAN: _____ DATE: _____

SITE SAFETY: _____ DATE: _____