# University Of Pittsburgh Confined Space Pre-Entry Checkli

**ISSUED (Date&Time):** _____ **EXPIRES (Date&Time):** _____

**Job Site:** _____

**Equipment Involved:** _____

**Work to be performed:** _____

## *PRE-ENTRY*

**1. Atmospheric Check** Time _____

Oxygen _____ %

Explosive _____ %LEL

Toxic _____ PPM

**2. Source Isolation (No Entry):**

| Energy sources (incl/engulfment) blinded, blocked, disconnected or locked-out, etc. | N/A | Yes | No |
|---|---|---|---|
| | ☐ | ☐ | ☐ |

**3. Ventilation Modification:**

| | N/A | Yes | No |
|---|---|---|---|
| Mechanical | ☐ | ☐ | ☐ |
| Natural ventilation only | ☐ | ☐ | ☐ |

**4. Atmospheric Check** (after isolation & ventilation)

Oxygen _____ % 19.5% to 23.5%

Explosive _____ %LEL < 10 %

Toxic _____ PPM *

Time _____

** Entry and Work duration limits to be set prior to entry.*

**If there is no reason to believe that conditions exist to require permit entry then complete the Pre-Entry checklist and classify accordingly.**

☐ ***Permit***

☐ ***NonPermit***

**If PERMIT space or there is reason to believe that conditions may change adversely, then proceed to the Entry CheckList portion of this permit.**

## *ENTRY*

**1. Entry, standby and backup persons**

| | N/A | Yes | No |
|---|---|---|---|
| Successfully completed required training? | ☐ | ☐ | ☐ |
| Is it current? | ☐ | ☐ | ☐ |

**2. EQUIPMENT:**

| | N/A | Yes | No |
|---|---|---|---|
| Direct reading gas monitor-tested | ☐ | ☐ | ☐ |
| Safety harnesses and lifelines for entry and standby persons. | ☐ | ☐ | ☐ |
| Hoisting equipment | ☐ | ☐ | ☐ |
| Powered communications | ☐ | ☐ | ☐ |
| SCBA's for entry & standby persons. | ☐ | ☐ | ☐ |
| Protective equipment | ☐ | ☐ | ☐ |

| | N/A | Yes | No |
|---|---|---|---|
| Electrical GFCI Required | ☐ | ☐ | ☐ |

**3. RESCUE PROCEDURE:**

In Emergency call Campus Police at 412-624-2121

_____

_____

_____

***We have reviewed the work authorized by this permit and the information contained herein. Written instructions regarding the specific hazards of the confined space entry have been reviewed with all employees***

**Entry Supervisor/ Foreman** _____

(Name) (Signature)