

Move from paper to digital easily!

Download the app from below link or Scan the QR Code to use this paper checklist on your smartphone or tablet.

Get notified on upcoming service schedules check more <https://hvi.app>



OSHA Confined Space Pre-Entry and Safety Checklist

Inspection Details

Report #: _____
 Location: _____
 Inspection Date: _____
 Inspector Name: _____

Vehicle Details

Vehicle # : _____
 Vehicle Category : _____
 Vehicle Name : _____
 VIN #: _____
 Meter Reading: _____
 Model/Year: _____

Rescue

SN	Inspection Item	Note	Yes	No	NA
1	Are rescue personnel readily available, trained in rescue and CPR, and have all necessary equipment (SCBA, etc.)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ventilation

SN	Inspection Item	Note	Yes	No	NA
2	If required, has the permit space been flushed, ventilated, purged and rendered inert to eliminate or control atmospheric hazards prior to entry?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	If ventilation is needed has the space been ventilated before entry?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pre-entry

SN	Inspection Item	Note	Yes	No	NA

4	Have all members of the confined space entry team been briefed on potential hazards, scope of work and emergency actions, and the signs and symptoms of exposure to oxygen deficient or toxic atmosphere, prior to the start of a permit required confined space entry?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	---	--	--------------------------	--------------------------	--------------------------

Training

SN	Inspection Item	Note	Yes	No	NA
5	Have all personnel been properly trained (Authorized Entrants, Attendants, Supervisor, Rescuers (if applicable))?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Is training documented and available?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Testing

SN	Inspection Item	Note	Yes	No	NA
7	Has air monitor been properly calibrated and suitable to the anticipated atmospheric hazards available and functional for use?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Has testing shown that safe levels of the following are within acceptable levels?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Has the permit space been tested to determine if acceptable entry conditions exist prior to entry?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Is oxygen at least 19.5 percent and not more than 23.5 percent?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OSHA Confined Space Pre-Entry and Safety Checklist

SN	Inspection Item	Note	Yes	No	NA
11	Are all confined spaces at the facility secured so that unauthorized personnel cannot inadvertently enter?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Are all confined spaces identified with appropriate signage?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Does the company have a written Confined Space Entry Program?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Does the facility have a list/inventory of all confined spaces?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15	Does the space meet the definition of a confined space per OSHA (limited openings for entry and exit, not intended for occupancy, and large enough to enter)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Has the program been reviewed in the past 12 months?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Have all confined spaces been classified as either non-permit or permit-required confined spaces?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Have the hazards of each space, permit and non-permit required, been documented?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Is a permitting system in place to protect employees from the hazards within each permit-required confined space?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Permit

SN	Inspection Item	Note	Yes	No	NA
20	Does the permit contain all information required by OSHA (name of space, purpose of entry, date, names of entrants and attendants, means of testing, list of hazards in the space, results of testing, rescue info., PPE and communications procedures).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Write Comments or Remarks here:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Isolation and LOTO

SN	Inspection Item	Note	Yes	No	NA
22	Do Confined Space Entry procedures include energy isolation steps (i.e. Lockout-Tagout) to control hazards?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Have all hazards been identified to include: atmospheric, mechanical, electrical, thermal, noise, vibration, fire, engulfment, and health hazards?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Monitoring

SN	Inspection Item	Note	Yes	No	NA
24	Will the atmosphere in the space be monitored while work is going on?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PPE & Equipment

SN	Inspection Item	Note	Yes	No	NA

25	Is PPE and equipment available and have the entrants been trained and certified in the use of personal protective equipment per 29 CFR 1910.132(d)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Will appropriate communications equipment be available?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Note	

Overall Condition: _____

Vehicle Safe to Use: _____

Maintenance Priority: _____

Deployed: _____

Signature



Take the first step today

Learn more and sign up on [HVI.APP](https://hvi.app)

