

## CONFINED SPACE PRE-ENTRY LOG

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Type of Space \_\_\_\_\_

Reason for Entry: \_\_\_\_\_

- |  | <b>Supervisor<br/>Initials if<br/>Completed</b> |
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| 1. Are all pumps and lines which may reasonably cause contaminants to flow into the space have been disconnected, blinded and locked out, or effectively isolated? | _____   |
| 2. Are all affected laterals blocked if there is a reasonable potential for contamination of air or engulfment into an occupied sewer?                             | _____   |
| 3. Has the area surrounding the confined space been surveyed for hazards such as drifting vapors from tanks, piping or sewers?                                     | _____   |
| 4. Has air been blown into the confined space to remove potential harmful vapors, gases, or fumes?   | _____   |
| 5. Does monitoring and inspection data supports that the only hazard posed   |   |
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