

ABTREX INDUSTRIES, INC.

CONFINED SPACE ENTRY CHECK LIST

ABTREX FORM 5669

JOBSITE: _____

CONFINED SPACE I.D. _____

DATE: _____

CHECK EACH ITEM TO CONFIRM REVIEW

PREPARATION PROCEDURES:

- 1) CONFINED SPACE CLEANED OUT _____
- 2) CONFINED SPACE VENTILATED _____
- 3) SPARK HAZARD/HOT WORK PERMIT REQUIRED _____
- 4) MECHANICAL MECHANISMS LOCKED OUT, TAGGED OUT _____
- 5) ALL PROCESS LINES DISCONNECTED OR BLANKED OFF _____
- 6) ATMOSPHERE CHECK REQUIREMENTS
a) OXYGEN CONTENT – min/max (19.5%/23.5%) _____
- b) COMBUSTIBLE GAS (10% OR LESS) _____
- c) TOXIC GAS - CO (LESS THAN 50ppm) _____
- d) OTHER _____
 - _____ PEL _____
 - _____ PEL _____
 - _____ PEL _____
- e) CONTINUOUS TESTING/MONITORING REQUIRED for a through c _____
- 7) PROTECTIVE EQUIPMENT AND RESCUE EQUIPMENT
a) TRIPOD WITH L/A/R DEVICES _____
- b) HARNESS ON PERSON ENTERING _____
- c) RETRIEVAL LINE ON HARNESS _____
- d) SUPPLIED AIR RESPIRATOR ON ENTRANT _____
- e) CARTRIDGE RESPIRATOR ON ENTRANT _____
- f) HARNESS NEAR WATCH PERSON _____
- g) EXTRA LENGTH OF RETRIEVAL LINE NEAR WATCH PERSON _____
- h) SUPPLIED AIR RESPIRATOR NEAR WATCH PERSON _____
- i) SPECIAL PPE _____

8) VENTILATION MAINTAINED INSIDE VESSEL DURING OPERATIONS _____

9) EMERGENCY PROCEDURES UNDERSTOOD BY ALL PARTICIPANTS _____

SIGNATURES:

10) PERSON ENTERING _____

11) WATCH PERSON _____

12) SUPERVISOR AUTHORIZING ENTRY _____