

**City of Clarksville
Confined Space Entry Checklist**

Issue Date / Issue Time	Expiration Date /Time	Space Location / Identification
Attendant(s)		Entrant / Attendant Communications Procedures
-----		Rescue Procedures
-----		[] Non-Entry Rescue [] Notify: _____
Purpose of Entry		

AUTHORIZED ENTRANTS (Use back of form for additional entrants)

Entrant	Entry Time	Dep Time	Entry Time	Dep Time	Entry Time	Dep Time

ATMOSPHERIC HAZARDS

Test(s) To Be Taken	Required	Permissible Entry Level	Reading	Time	Initials
Percent Of Oxygen	Yes () No ()	19.5% To 23.5%			
Flammable Gases	Yes () No ()	Under 10% LEL			
Carbon Monoxide	Yes () No ()	Under 35 PPM			
Hydrogen Sulfide	Yes () No ()	Under 10 PPM			
Other	Yes () No ()				

Chemical	Reading	Time	Initials	Reading	Time	Initials	Reading	Time	Initials
Oxygen									
Flammable Gases									
Carbon Monoxide									
Hydrogen Sulfide									
Other									

OTHER HAZARDS (Use back of form to document additional hazards/controls)

Hazard	Measures to eliminate or control hazard prior to entry	Initials

EQUIPMENT CHECKLIST

Required Equipment:	Yes	No	N/A	Yes	No	N/A
Direct reading gas monitor						
Safety harnesses and lifelines						
Hoisting Equipment						
Personal Protective Equipment						

PERMIT ENTRY AUTHORIZATION

All required items have been completed to insure a safe entry.		
Permit Authorized By: _____ (Entry Supervisor)	_____ (printed name)	_____ (signature)
Permit Terminated By: _____ (printed name)	_____ (signature)	_____ (date: mm/dd/yy)