

PRE-ENTRY LOG

Date: _____ **Location:** _____ **Type of Space** _____

Reason for Entry: _____

- | | Supervisor
Initials if
Completed |
|--|---|
| 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 by the confine space is actual or potential, and can be maintained by continuous forced air ventilation or does not pose a health hazard without continuous forced air ventilation? | _____ |
| 6. Has the space been checked for decaying vegetation or animal matter which may produce methane? | _____ |

Initial Monitoring Results

Test air at top of space through cover. Record the results. If acceptable, open the cover. Perform top, middle, and bottom testing of the space. If air is not safe, **DO NOT ENTER THE SPACE!**

<u>Time</u> (am/pm)	<u>%Oxygen</u> (19.5%-23.5%)	<u>%LEL</u> (max 10%)	<u>H₂S</u> (max 10ppm)	<u>CO</u> (max 25ppm)	<u>Other</u> _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Signed _____ Date _____
Entry Supervisor authorizing non-permit entry

KEEP THIS LOG AT WORKSITE DURING THE OPERATION. RETURN TO EHS TO BE MAINTAINED.