|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | N/A |
| **Confined Space Entry Planning**  |  |  |  |
| Have the all the Confined Spaces related to the project been identified on a drawing? |  |  |  |
| Does the project have a designated trained Confined Space Competent Person? |  |  |  |
| The Confined Space Competent Person is: |  |  |  |
| Have all the identified Confined Spaces been evaluated and classified by the designated trained Confined Space Competent Person? |  |  |  |
| Are all of the identified confined spaces provided with the required signs and warnings? |  |  |  |
| Has an employee Confined Space training program been developed for the project? |  |  |  |
| Is the Confined Space training program part of the new-hire safety orientation? |  |  |  |
| Are employees trained in Confined Space Entry operations, roles and responsibilities*?* |  |  |  |
| Are the employees trained in the Emergency Procedures for Confined Space Rescue? |  |  |  |
| Have Confined Space Rescue resources been identified? |  |  |  |
| Have Confined Space Rescue resources been evaluated & determined as competent? |  |  |  |
| Have Confined Space Entry operations been coordinated with the worksite, Client, etc.? |  |  |  |
| Will the Confined Space Entry operations require engineering controls (ventilation, etc.)? |  |  |  |
| Are on-site employees aware of established Confined Space emergency procedures? |  |  |  |
| Has all employee Confined Space training been properly documented, with copies available on-site and available for review and/or reference? |  |  |  |
| Will compressed gas cylinders be required to support the Confined Space Entry work? |  |  |  |
| Has the identified Confined Space Rescue Resource been involved in Entry planning? |  |  |  |
| Have supporting Emergency Services been included in planning and site reviews? |  |  |  |
| Has the Confined Space Entry Permit been reviewed/developed as part of planning? |  |  |  |
| Has a list of all confined spaces been developed for the project? |  |  |  |
| If so, does it include: |  |  |  |
| * Existing Confined Spaces?
 |  |  |  |
| * New Confined Spaces?
 |  |  |  |
| * Temporary Confined Spaces Created During the Work Process?
 |  |  |  |