

Chapter ILHR 32**APPENDIX**

The material contained in this appendix is for clarification purposes only. The material is numbered to correspond to the number of the rule that makes reference to appendix material.

A32.62 (4) SAMPLE CHECKLIST. The following is a copy of a sample checklist:

Confined Space Pre-Entry Checklist

Date and Time _____
 Job Site/Space _____ Job Supervisor _____
 Equipment to be worked on: _____ Work to be Performed: _____

Attendant Personnel _____

1. Atmospheric checks:

Time	_____		
Oxygen	_____		
Explosive	_____ % L.F.L.		
Toxic	_____ PPM		
2. Tester's signature _____
3. Source isolation (no entry):

N/A	Yes	No
Pumps or lines blinded,	()	()
Disconnected, or blocked	()	()
4. Ventilation modification:

N/A	Yes	No
Mechanical	()	()
Natural ventilation only	()	()
5. Atmospheric check after isolation and ventilation:

Oxygen	_____ %	> 19.5	< 23.5%
Explosive	_____ % L.F.L.	< 10	%
Toxic	_____ PPM	< 10	PPM(H ₂ S) < 35 PPM (CO)
Time	_____		
Tester's signature	_____		
6. Communication procedures: _____
7. Rescue procedures: _____
8. Entry, attendant, and back-up persons:

Successfully completed required training?	Yes	No
Is it current?	()	()
9. Equipment:

N/A	Yes	No
Direct reading air monitoring equipment tested	()	()
Safety harnesses and lifelines for entry and standby persons	()	()
Hoisting equipment	()	()
Powered communications	()	()
SCBA's for entry and standby persons	()	()
Protective clothing	()	()
All electric equipment listed Class I, Division I, Group D, and non-sparking tools	()	()
10. Air monitoring device can simultaneously test for oxygen, toxic and combustible gases

()	()	()
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I have reviewed the work authorized by this checklist and the information contained here-in. Written instructions and safety procedures have been received and are understood. Entry ~~can~~ not be performed if any squares are marked in the "No" column. This checklist is not valid unless all appropriate items are completed.

Checklist Completed By: _____ Entrant(s)
 _____ Entrant(s)
 _____ Entrant(s)