

# STFC – Confined Space Entry Checklist

**MANDATORY – All parts of the form must be completed. Form will be retained for 3 years**

Name of the Competent Person/Entry Supervisor		Date of entry	
Details of the task to be undertaken		Site/Location/Building Number	
Confined Space number/name/equipment		Permit to work number.	

Name/s of Entry controller/s	
Names of Entrants/Operatives	

	Item	Yes or No	Action Required	Date Corrected
<b>Planning/Procedure</b>	Do all access and exit points have the required signage "Danger Confined Space Do Not Enter" or "do not obstruct"?			
	Are the access points to the confined space protected with a barrier, tape, fencing etc.?			
	Has the training for any attendants/entry controller/entrants been verified?			
	Have all personnel been made aware of the potential hazards associated with entry into the space?			
	Is the rescue plan specific to the space to be entered?			
	Are the rescue team trained and practiced in Confined Space rescue and have they been notified of the entry.			
	Is the rescue equipment adequate for the specific entry and readily available?			
	Is there continuous audio or visual communication between entrants/attendants in place and tested prior to entry?			
	Item	Yes or No	Action Required	Date Corrected
<b>Isolation Hazards</b>	Is there a LOTO plan (See section A3) established, and procedures followed?			
	Are all pipelines, tanks etc. been purged (if relevant) and flushed?			
	Are all required blanks and spades in place?			
	Are all electrical lock-out/tag-outs in place and tested?			
	Are all mechanical lock-out/tag-out in place and tested?			
	Are all radioactive sources shielded and has an RPA been involved in proof of principle testing?			

	Item	Yes or No	Action Required	Date Corrected
<b>Physical Hazards</b>	Are all ladders, scaffolds and work platforms safeguarded?			
	Is the correct fall protection in place (as identified in the risk assessment)?			
	Are all walking and working areas dry and clean? If not, countermeasures need to be in place to prevent entrants/entry controllers etc. slipping.			
	Minimum illumination of five foot-illumination provided in the space to 50 lux (e.g. Tunnels)			
	Has the interior configuration of the space been assessed for any hazards and what rescue methods are required?			
	Item	Yes or No	Action Required	Date Corrected
<b>Atmospheric/Chemical Hazards</b>	Are all the potential chemical hazards in the space been measured using the appropriate gas detection?			
	Are all high-pressure hazards eliminated or controlled?			
	Has heat stress been evaluated and are controls in place?			
	Has the potential for chemicals/fumes to be generated due to work processes evaluated and controlled?			
	Have all burning, cutting and welding hazards been controlled?			
	Has the potential for hazardous materials in surface coating e.g. paints, varnish etc. or residual substances evaluated and controlled?			
	Is there any possibility of toxic/inert gases in the space been evaluated and are countermeasures in place?			
	Is the atmosphere monitored (continuous or at periodic intervals)?			
	Is there any mechanical ventilation in place?			
	Has there been a respiratory rescue plan in place?			
	Are all compressed gas cylinders staged outside of the confined space?			
	Item	Yes or No	Action Required	Date Corrected
<b>Electrical Hazards</b>	Is all equipment bonded, grounded and tested?			
	Is a ground fault circuit interrupter or residual circuit device used with all electrical equipment taken in/used in the space?			
	If required is all equipment explosion proof/intrinsically safe?			

	Item	Yes or No	Action Required	Date Corrected
<b>Work Activities</b>	Has the risk assessment and method statement been completed, relevant to the task and been briefed to all workers?			
	Have all permits been obtained? (E.g. Hot Work etc.)			
	Has all hazardous work in surrounding areas suspended or controlled?			
	Has the potential for work to generate hazardous chemicals or deplete oxygen in the space been controlled and assessed?			
	Have any additional hazards caused by burning, cutting, welding, or hot work conducted in the space been assessed and included within the risk assessment and are relevant countermeasures in place?			
	Item	Yes or No	Action Required	Date Corrected
<b>Personal Protective Equipment</b>	Is eye protection in place and does the type match what is defined in the risk assessment?			
	Is protective clothing (e.g. non-flammable, chemical resistant) being worn?			
	Are gloves being worn and does the type match what is defined in the risk assessment?			
	Is any respiratory protection (as defined by the risk assessment) in use?			
	Do all entrants (and entry controller – if defined) wear all fall protection?			
	Do all entrants and entry controller have a personal gas detector either being worn (in the face region) or held and are aware how to use and read?			
	Are all of the team wearing safety shoes/boots (as defined in the risk assessment)?			
	Are all personnel trained and using/wearing their PPE correctly?			
	Has a physical health to transit, climb etc confirmed by the team lead?			

Comments:

Signature of competent person/Confined Space Entry Controller: \_\_\_\_\_  
Date: \_\_\_\_\_