

T.A. WOODS COMPANY
Mechanical Electrical Plumbing General Contractor

Confined Space Entry

Project: _____ **Location of Work:** _____

Date: _____ **Day: (Circle) Mon. Tues. Wed. Thur. Fri. Sat. Sun.**

Time Issued: _____ **Time Expired:** _____

Scope of Work: _____

Competent Person: _____ **Contact:** _____

Section 1 – Personnel (attach list if necessary)

Your signature indicated you have been trained in the hazards of this space, your duties, and hazard controls/precautions you must take for this entry.

Position	Name	Signature
Entry Supervisor/CP		
Entrant		
Entrant		
Entrant		
Entrant		
Attendant		
Attendant		

Section 2 – Recognition of Hazards

Hazard	Controls	Implemented By

Section 3 – Isolation of Energy Sources

Equipment	How Isolated	Location	Implement By:

Section 4 – Entry Requirements

Entry Requirement	Req.	Check	Personal Protective Equipment	Req.	Check
Communication Equipment			Eye/Face Protection		
Ventilation Equipment			Respiratory Protection		
GFCI Protected Electrical			Hearing Protection		
Explosion Proof Lighting			Gloves		
Non-Sparking Tools			Hard Hat		
Ladders			Clothing/Type		
Fall Protection			Other		
Barricades			Other		
Continuous Monitoring Equipment			Other		