

# Confined Space Entry Induction Checklist

Site / Project Name

Date

Confined Space Location

Permit Number

Supervisor

Induction By

## Checklist Items

No	Item	Yes	No	Comments
1	Permit to Work is completed and authorized	<input type="checkbox"/>	<input type="checkbox"/>	
2	Atmospheric testing conducted and results acceptable	<input type="checkbox"/>	<input type="checkbox"/>	
3	Emergency and rescue plan discussed	<input type="checkbox"/>	<input type="checkbox"/>	
4	Personal protective equipment (PPE) available and worn	<input type="checkbox"/>	<input type="checkbox"/>	
5	Isolation of services (electrical, gas, etc.) completed	<input type="checkbox"/>	<input type="checkbox"/>	
6	Entry and exit points identified and accessible	<input type="checkbox"/>	<input type="checkbox"/>	
7	Communication system established	<input type="checkbox"/>	<input type="checkbox"/>	
8	Standby person assigned and briefed	<input type="checkbox"/>	<input type="checkbox"/>	
9	All tools and equipment checked and suitable	<input type="checkbox"/>	<input type="checkbox"/>	
10	Signage and barricades in place	<input type="checkbox"/>	<input type="checkbox"/>	

Attendees

No	Name	Position	Signature	Date
1			<hr/>	
2			<hr/>	
3			<hr/>	
4			<hr/>	

Remarks