

**WEATHERIZATION CONFINED SPACE ENTRY INSPECTION RECORD**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

JOB #: \_\_\_\_\_

DESCRIPTION OF WORK TO BE PERFORMED: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NAME(S) OF ENTRANT(S): \_\_\_\_\_

TYPE OF CONFINED SPACE: \_\_\_\_\_

NATURAL VENTILATION PRESENT? Y / N

**CONFINED SPACE AIR MONITORING**

AIR TESTER: \_\_\_\_\_

GAS DETECTOR SERIAL #: \_\_\_\_\_

DATE OF LAST CALIBRATION: \_\_\_\_\_

BUMP TEST PERFORMED? Y / N

<i>MEASURED PARAMETER</i>	<i>READING</i>	<i>W/ IN SAFE LIMITS?</i>
OXYGEN BY VOLUME (O2)		
PERCENT LEL		
CARBON MONOXIDE (CO)		
HYDROGEN SULFIDE (H2S4)		
OTHER		

*LIST OF POTENTIAL CONFINED SPACE HAZARDS IDENTIFIED*

*TYPE*

*EXPLANATION*

- \_\_\_ SLIP,TRIP,FALL HAZARDS
- \_\_\_ ELECTRICAL HAZARDS
- \_\_\_ BIOHAZARDS
- \_\_\_ ENGULFMENT HAZARDS
- \_\_\_ HAZARDOUS ATMOSPHERE
- \_\_\_ CONFIGURATION HAZARDS

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**For DPC Weatherization Staff -WILL CONFINED SPACE REQUIRE A PERMIT? Y / N**

COMMENTS: \_\_\_\_\_

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	<b><i>SAFE LIMIT REFERENCE</i></b>
	>19.5%, <23.5%
	<10%
	<35 PPM
	<1.0 PPM

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