

## CONFINED SPACE ENTRY

### 1.0 Objective

The objective of this surveillance is to ensure that the practices of workers performing activities in confined spaces protect the safety and health of the workers and comply with DOE and OSHA requirements.

### 2.0 References

- 2.1 DOE O 440.1, *Worker Protection Management for DOE Federal and Contractor Employees*
- 2.2 DOE 5480.4, *Environmental Protection, Safety and Health Protection Standards*
- 2.3 29 CFR 1910.120, *Hazardous Waste Operations and Emergency Response*
- 2.4 29 CFR 1910.146, *Permit-Required Confined Spaces*
- 2.5 29 CFR 1910.147, *Control of Hazardous Energy (Lockout/Tagout)*
- 2.6 29 CFR 1910, Subpart I, *Personal Protective Equipment*
- 2.7 29 CFR 1910, Subpart Q, *Welding, Cutting and Brazing*

### 3.0 Surveillance Activities

The Facility Representative or Environmental, Safety, and Health Support Specialist observes preparation and testing for confined space entry and entry into the confined space. The Facility Representative or Environmental, Safety, and Health Support Specialist may observe entry into either a Permit Required Confined Space or a Non-Permit-Required Confined Space. The Facility Representative or Environmental, Safety, and Health Support Specialist interviews personnel regarding their training, qualification, and responsibilities.

**Surveillance Activities Guideline  
 CONFINED SPACE ENTRY**

Surveillance No.: \_\_\_\_\_

Facility: \_\_\_\_\_

Date Completed: \_\_\_\_\_

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. Has the confined space been clearly identified in the field? (Special warning signs, procedure cautions or warnings, etc.?)	_____	_____	_____
2. Does the labeling/warning associated with the confined space reference the applicable standard or specification?	_____	_____	_____
3. Has the confined space been classified as either a permit-required confined space (PRCS) or a non-permit-required confined space (NPCS)?	_____	_____	_____
4. For a PRCS, does the labeling on the confined space identification indicate that a permit is required before entry?	_____	_____	_____
5. For entry into NPCS:			
• Is a written procedure in use that addresses specific measures and precautions that must be taken to enter the NPCS?	_____	_____	_____
• Does the procedure specify what conditions and precautions must be in place to allow for safe entry and what would constitute a change in conditions that would require re-evaluation of the confined space?	_____	_____	_____
• Are all personnel who enter a confined space trained in entry procedures, and conditions that would prohibit entry?	_____	_____	_____

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	<u>YES</u>	<u>NO</u>	<u>N/A</u>
<ul style="list-style-type: none"> <li>Does a qualified person conduct atmospheric testing of the confined space, and, if atmospheric levels are not within acceptable limits, is entry prohibited?</li> </ul>	_____	_____	_____
For entry into a PRCS, does the permit include the following information:			
<ul style="list-style-type: none"> <li>Date of entry, location of entry, and the type of work that will be conducted in the confined space?</li> <li>Hazards to be controlled or eliminated before proceeding with the entry?</li> <li>Safety equipment required to perform the job?</li> <li>Job duties in the confined space?</li> <li>Safety precautions required to perform the job?</li> <li>Atmospheric tests required for entry?</li> <li>Criteria for evaluating results of atmospheric tests?</li> <li>Equipment required for rescue purposes?</li> <li>Methods to summon rescue support?</li> <li>Duration of the permit?</li> <li>Approval authority?</li> </ul>	_____	_____	_____
6. For entry into a PRCS, is the information on the permit communicated to potential entrants and posted?	_____	_____	_____
7. Before each entry into a PRCS:			
<ul style="list-style-type: none"> <li>Are atmospheric test results confirmed to be within acceptable limits? (Oxygen 19.5%, Flammability less than 10% of Lower Explosive Limit (LEL) or Lower Flammable Limit (LFL), Toxicity less than Permissible Exposure Limit (PEL) or Threshold Limit Value (TLV))</li> <li>Does a qualified person verify and document that all precautions and other measures called for on the permit are still in effect?</li> <li>Is the work conducted in the confined space limited to the work described in the permit?</li> </ul>	_____	_____	_____

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- Do workers understand that only work or operations specified in the permit are to be conducted in the confined space? \_\_\_\_\_

8. For atmospheric testing for entry into a confined space:

- Is the testing equipment used approved for that use? \_\_\_\_\_
- Is the instrument calibration current? (at least annual) \_\_\_\_\_
- Are instruments checked to verify operability before and after each use? \_\_\_\_\_
- Is a pre- and post-survey calibration log maintained? \_\_\_\_\_
- Are the initial and subsequent atmospheric tests conducted with the ventilation systems secured? \_\_\_\_\_
- Are subsequent atmospheric tests conducted with the ventilation systems in operation to determine that contaminants are removed? \_\_\_\_\_
- Is the atmosphere retested before reentry if the confined space has been vacated for a significant period of time? \_\_\_\_\_
- Is testing conducted throughout the entire space to be occupied? \_\_\_\_\_
- Are multiple samples used for classifying the atmosphere? \_\_\_\_\_
- Is the person taking the sample trained and qualified on the equipment and test? \_\_\_\_\_
- If atmospheric levels are not within acceptable limits, is entry prohibited until appropriate controls are implemented or appropriate personal protective equipment is provided? \_\_\_\_\_

9. Are procedures and equipment provided to allow safe exit if the atmosphere becomes unacceptable? Are personnel familiar with the egress procedures? \_\_\_\_\_

10. For PRCS entries, are attendants stationed outside the s p a

ce?

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	<ul style="list-style-type: none"> <li>• Do attendants remain in constant two-way communication with occupants?</li> <li>• Does the attendant monitor for changing conditions that could adversely affect entry?</li> <li>• Is the attendant knowledgeable of his evacuation and emergency response responsibilities?</li> <li>• Does the attendant have the responsibility to direct occupants to exit the confined space when any irregularities are observed?</li> </ul>	_____	_____	_____
11.	Are all energy sources that are potentially hazardous to confined space entrants severed, relieved, disconnected and/or restrained (lockout/tagout), before personnel are permitted to enter the confined space?	_____	_____	_____
12.	Are special procedural requirements in place for working on pressurized systems in confined spaces? (e.g., two-man rule, additional reviews or approvals, etc.)	_____	_____	_____
13.	Are controls in place and followed for welding, cutting, or brazing while in confined spaces?	_____	_____	_____
14.	Are precautions in place to ensure that hazards from adjacent processing or other operations cannot enter the confined space?	_____	_____	_____
15.	Are ventilation systems used to keep atmospheric limits within acceptable values?	_____	_____	_____
16.	Have confined spaces been cleaned/decontaminated of hazardous materials to the extent possible before entry?	_____	_____	_____
17.	Are the requirements for personal protective equipment specified for entry into the confined space?	_____	_____	_____
18.	Are personnel trained and qualified in the use of the personal protective equipment?	_____	_____	_____



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NOTES/COMMENTS:

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PERSONNEL CONTACTED: \_\_\_\_\_

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**IF MORE SPACE IS NEEDED FOR FINDINGS, OBSERVATIONS, AND FOLLOWUP  
ITEMS - USE ADDITIONAL SHEETS**

FINDINGS:

Finding No.: \_\_\_\_\_

Description: \_\_\_\_\_

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Finding No.: \_\_\_\_\_

Description: \_\_\_\_\_

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Finding No.: \_\_\_\_\_

Description: \_\_\_\_\_

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**OBSERVATIONS:**

Observation No.: \_\_\_\_\_

Description: \_\_\_\_\_

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Observation No.: \_\_\_\_\_

Description: \_\_\_\_\_

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\_\_\_\_\_

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Observation No.: \_\_\_\_\_

Description: \_\_\_\_\_

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**FOLLOWUP ITEMS:**

Followup Item No.: \_\_\_\_\_

Description: \_\_\_\_\_

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Followup Item No.: \_\_\_\_\_

Description: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

Followup Item No.: \_\_\_\_\_

Description: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

LABORATORY MANAGEMENT DEBRIEFED AND RESULTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Representative or  
Environmental, Safety, and Health Support Specialist