

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Has a written confined space entry program that includes work-site specific procedures on the use of respirators been established? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has a program administrator, with appropriate training and experience, been designated and identified in the written program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the written program include current lists of: | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Available equipment | <input type="checkbox"/> | <input type="checkbox"/> |
| b. List of identified confined spaces and associated classification | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Trained Entrants | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Trained Attendants | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Trained Supervisors | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Trained Competent Persons | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have identified permit-required confined spaces been properly signed and measures taken to prevent unauthorized entry? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all recordkeeping requirements met? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Training | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Annual practice rescues | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Evaluation forms | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Non-Permit Entry Re-classification forms | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Entry Permits (maintained for one year) | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Alternate Entry Procedures (maintained for one year) | <input type="checkbox"/> | <input type="checkbox"/> |