

Confined Space Entry & Utility Tunnels – Form 3: Utility Tunnel Safety Work Plan

Department:		Date:
Work Order No.:		
Tunnel Location:		
Description of Work to Occur in Tunnels:		
Tunnel Entry Personnel Name(s):		
Will there be entry into a permit-required confined space?	Yes <input type="checkbox"/> <i>Attach Form 2: Confined Space Entry Permit</i> No <input type="checkbox"/>	

Required PPE (Check all that apply):

<input type="checkbox"/> Barricades, Barrier Tape, Fan/Ventilation	<input type="checkbox"/> First Aid Kit	<input type="checkbox"/> Fire Extinguisher/Hot Work Permit
<input type="checkbox"/> Gloves Type:_____	<input type="checkbox"/> LO/TO	<input type="checkbox"/> Flashlight
<input type="checkbox"/> Eye Protection (safety glasses, face shield)	<input type="checkbox"/> Radio	<input type="checkbox"/> Hearing Protection
<input type="checkbox"/> Body Protection (work coveralls, Tyvek)	<input type="checkbox"/> Head Protection (hard hat)	

Job Completion

Tunnel Work completed and space returned to normal conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Exit Time:	

After activity is complete, please send a copy to _____.