

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

<b>Department:</b>		<b>Date:</b>
<b>Work Order No.:</b>		
<b>Tunnel Location:</b>		
<b>Description of Work:</b>		
<b>Entry Personnel Name(s):</b>		
<b>Is Confined Space Entry occurring?</b>	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 complete, please send a copy to \_\_\_\_.