

Confined Space Entry & Utility Tunnels – Form 4: Utility Tunnel Safety Work Plan

Department:	Date:	
Work Order No.:		
Tunnel Location:		
Description of Work:		
Entry Personnel Name(s):		
Is Permit-required Confined Space Entry occurring?	<input type="checkbox"/>	Yes <i>Attach Form 2: Confined Space Entry Permit</i>
	<input type="checkbox"/>	No

Required PPE & Equipment (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 the activity completes, please send a copy to _____.