



ESCO Electric
Non-Permit Required Confined
Space Entry

Approved By: ESCO Safety Department

Date Issued: 01/01/2026
Date Last Reviewed: 01/01/2026
Date Last Revised: 01/01/2026

1. PURPOSE

Establish a standardized, safe method for non-permit required confined space entry in compliance with OSHA and Client requirements.

2. SCOPE

Applies to all ESCO Electric employees entering confined spaces classified as non-permit required.

3. SAFETY NOTES

- Only trained personnel may enter confined spaces
- Pre-task brief/Job Briefing required
- No rescue entry permitted

This Document is Valid for one 8-hour shift

4. QUALIFICATIONS

- Confined Space Awareness trained
- Confined Space Entry and Attendant Trained- Annual
- Authorized ESCO personnel

5. REQUIRED PPE

- Hard hat
- Safety glasses
- Cut-resistant gloves
- Safety-toe boots

6. HAZARDS

- Atmospheric hazards
- Energy hazards
- Slip, trip, and fall hazards

7. STOP WORK CRITERIA

- Any change in conditions
- New hazards introduced
- Employee concern

8. PRE-TASK BRIEF- JOB BRIEFING

- Review space, hazards, controls, and emergency procedures



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9. DESCRIPTION OF DECLASIFIED CONFINED SPACE

10. WORK TO BE COMPLETED IN DECLASIFIED CONFINED SPACE



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11. ATMOSPHERIC TESTING PROCEDURES

Initials Step

- | | |
|-------|---|
| _____ | 1. Confirm the approved monitor has the correct sensors for the expected hazards and is approved for the task. |
| _____ | 2. Verify the monitor is within the required calibration interval and bump tested per ESCO/Client requirements. |
| _____ | 3. Inspect the monitor (case, display, alarms, inlet/filter, tubing/probe if used) and confirm battery level is sufficient. |
| _____ | 4. In known clean air, power on and complete fresh-air setup/adjustment per approved monitor prompts. |
| _____ | 5. Test the space atmosphere before entry (do not enter to test). Use remote sampling if needed. |
| _____ | 6. Sample at multiple levels: top, middle, and bottom (and any low points/sumps or dead-air areas). Allow readings to stabilize at each level (longer when using tubing). |
| _____ | 7. Confirm testing order is followed: 1) Oxygen (O-2), 2) Flammability (LEL), 3) Toxic gases (as applicable). |
| _____ | 8. Acceptable entry conditions: O2 = 19.5% to 23.5%; LEL < 10%; toxic gases below applicable limits (OSHA PEL and any client/site limits). |
| _____ | 9. If any alarm activates or readings exceed limits: stop work, evacuate/do not enter, and notify supervision. Do not re-enter until conditions are evaluated and controlled. |
| _____ | 10. During entry, maintain continuous monitoring in the immediate work area as required by the hazard assessment/permit/checklist. |
| _____ | 11. Document readings and required details (space ID/location, date/time, levels tested, results, monitor ID/serial or tool number, tester name/initials) on the applicable checklist/permit. |



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12. CONFINED SPACE PRE-ENTRY CHECKLIST

A. Space Identification

Initials	Inspection Item	Pass / Fail	Notes
	Space meets confined space definition	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
	Space confirmed as NON-PERMIT REQUIRED	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
	Classification documentation available	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	

B. Hazard Verification

Initials	Inspection Item	Pass / Fail	Notes
	No actual hazardous atmosphere	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
	No potential hazardous atmosphere	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
	No engulfment hazards	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
	No configuration capable of trapping entrant	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
	No other serious safety hazards	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	

C. Hazard Elimination

Initials	Inspection Item	Pass / Fail	Notes
	All hazards eliminated without entry	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
	LOTO applied and verified	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
	No forced-air ventilation used	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	

13. EMERGENCY PROCEDURES

Exit space immediately for any recognized hazard. Self-Rescue via pre-hazard recognition. Evacuate immediately. Do not re-enter. Call emergency services.



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Atmospheric Test Results Record

Space ID / Location:		Date:		Time:	
Monitor ID: Serial:		Tester Initials:		Tester Name:	
Sample Level	O2 (%)	LEL (%)	CO (ppm)	H2S (ppm)	Other / Notes (e.g., other sensor, ventilation status)
Top					
Middle					
Bottom					
Comments / Corrective Actions:					

Note: Record additional readings if conditions change, ventilation is started/stopped, alarms occur, or at intervals required by the hazard assessment/permit/checklist.