

**8-HOUR PERMIT-REQUIRED CONFINED SPACE  
C.E.R.T.S. CHECKLIST**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE PRINT CLEARLY

Company: \_\_\_\_\_

Please put your initials and the date when each of the checked items have been completed.

COMPLETE	INITIALS	DATE
<input type="checkbox"/> Module 1: Regulation Overview	_____	_____
<input type="checkbox"/> Module 2: OSHA Standard 1910.146	_____	_____
<input type="checkbox"/> Module 3: Training: Chemical Exposure	_____	_____
<input type="checkbox"/> Module 4: Training: Fire and Explosion	_____	_____
<input type="checkbox"/> Module 5: Training: Oxygen Deficiency	_____	_____
<input type="checkbox"/> Module 6: Training: Additional Hazards	_____	_____
<input type="checkbox"/> Module 7: Training: Signs and Symptoms	_____	_____
<input type="checkbox"/> Module 8: Use Of Equipment	_____	_____
<input type="checkbox"/> Module 9: Conclusion	_____	_____
<input type="checkbox"/> Module 10: Appendix A: Flow Chart	_____	_____
<input type="checkbox"/> Module 11: Appendix B: Pre-Entry Check List	_____	_____
<input type="checkbox"/> Module 12: Appendix C: Sample Entry Permit	_____	_____
<input type="checkbox"/> 1910.146 Permit-Required Confined Space Regulations	_____	_____
<input type="checkbox"/> Company Specific Safety Programs & Policies	_____	_____

*I have successfully completed the required training modules indicated above by my initials and have reviewed all company related safety programs and written policies.*

Employee Signature: \_\_\_\_\_ Initials: \_\_\_\_\_

**New Environment, Inc.**