

**Old Dominion University  
Confined Space Entry  
Debrief Form**

The following individuals attended this debriefing:

_____	_____
_____	_____
_____	_____
_____	_____

Did any injuries occur? If yes, briefly explain.....Yes \_\_\_  
No \_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did any problems occur? If yes, briefly explain.....Yes \_\_\_ No \_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can procedures be improved? If yes, briefly explain..... Yes \_\_\_ No \_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments about the entry:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Entry Supervisor: \_\_\_\_\_  
signature date

Environmental Health & Safety Office: \_\_\_\_\_  
signature date