Confined Space Entry Permit

Date / Time Issued: _____ Date / Time Expires: _____

Job site / building #: _____ Supervisor: _____

Equipment to be worked on: _____

Work to be performed: _____

Stand by personnel: _____

Atmospheric Checks:

Time	_____	
Oxygen	_____	%
Explosive	_____	% LFL
H2S	_____	PPM
CO	_____	PPM

Tester's Signature: _____

Source isolation (No Entry):	N/A	Yes	No
Pumps or lines blinded,	( )	( )	( )
Disconnected, or blocked	( )	( )	( )
Ventilation Modification:	**N/A**	**Yes**	**No**
Mechanical	( )	( )	( )
Natural Ventilation only	( )	( )	( )

Atmospheric check after isolation and ventilation:

Oxygen	_____	> 19.5 %	
Explosive	_____	% LEL < 10 %	
H_2S	_____	PPM < 10 PPM	H_2S
CO	_____	PPM < 10 PPM	CO

Tester's signature: _____

Communication procedures: _____

Rescue procedures: _____

_____

Is training current for entry and standby personnel? Yes ( ) No ( )

Equipment:	N/A	Yes	No
Direct reading gas monitor – tested	( )	( )	( )
Safety harnesses/lifelines	( )	( )	( )
Hoist equipment	( )	( )	( )
Powered communications	( )	( )	( )
PPE	( )	( )	( )
All electric equipment listed Class I, Division I, Group D And non-sparking tools	( )	( )	( )

I have reviewed the work authorized by this permit and the information contained herein. Written instructions and safety procedures have and understood. Entry cannot be approved if any item is marked "NO". This permit is not valid unless all appropriate items are complete.

Permit Prepared By: (Supervisor) _____

Approved By: (Department Supervisor) _____

This permit to be kept at the job site. Return site copy to Safety Officer following job completion.

Periodic atmospheric test:

Oxygen	_____	%	Time	_____	Oxygen	_____	%	Time	_____
Oxygen	_____	%	Time	_____	Oxygen	_____	%	Time	_____
Explosive	_____	%	Time	_____	Explosive	_____	%	Time	_____
Explosive	_____	%	Time	_____	Explosive	_____	%	Time	_____
H2S	_____	PPM	Time	_____	H2S	_____	PPM	Time	_____
H2S	_____	PPM	Time	_____	H2S	_____	PPM	Time	_____
CO	_____	PPM	Time	_____	CO	_____	PPM	Time	_____
CO	_____	PPM	Time	_____	CO	_____	PPM	Time	_____

Note: (1) Spaces may have to be evacuated and re-evaluated if hazards arise during entry.

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