CONFINED SPACE ENTRY PERMIT

DEPARTMENT ___________________ LOCATION ___________________ DATE __________

TYPE OF CONFINED SPACE TO BE ENTERED ___________________ PERMIT EXPIRATION DATE/TIME __________

DESCRIPTION OF WORK TO BE PERFORMED ___________________ ___________________

Nature of Hazards in Confined Space (check) Equipment Required for Entry and Work (check)

☐ Oxygen deficiency (less than 19.5 %) ☐ Respirator
☐ Oxygen enrichment (greater than 22 %) ☐ Lifeline and safety harness
☐ Flammable gases or vapors (greater than 10 % of the lower flammable limit) ☐ Protective clothing
☐ Toxic gasses or vapors (greater than the permissible exposure limit) ☐ Hearing protection
☐ Mechanical hazards ☐ Spark resistant tools
☐ Electrical shock ☐ Other (explain)
☐ Materials harmful to the skin
☐ Engulfment ☐ Low voltage
☐ Other (explain) ☐ Ground-fault current interrupters
☐ Other ☐ Approved for hazardous locations

Preparation (check)

☐ Notify affected department of service interruption
☐ Isolate-blanked or double valve, with lock and tag
☐ Zero energy state (lock out all energy sources)
☐ Cleaned, drained, washed and purged
☐ Ventilation to provide fresh air
☐ Emergency response team available

Respiratory protection (specify type)
Communication aid (specify type)
Rescue equipment (specify)

Authorized Entrants

☐ Employees informed of specific confined space hazards 1.
☐ Procedures reviewed with each employee 2.
☐ Atmospheric test in compliance 3.
☐ Attach hot work permit 4.
☐ Other

Authorized Attendants

☐ Other 1.
☐ Other 2.

Additional Instructions

3.
☐ Other 4.

TEST Allowable Limits Check if required Result AM PM Result AM PM Result AM PM Result AM PM

Time ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Oxygen-Min 19.5 % ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Oxygen-Max 22.0 % ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Flammability 10 % LEL ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
H₂S 10 PPM ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
CO 35 PPM ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Toxic (specify) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Temperature Varies ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Other ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Other ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

H₂S = Hydrogen Sulfide, CO = Carbon Monoxide

Name of employee conducting atmospheric monitoring __________________________________________

AUTHORIZATION:
I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in this confined space:

Name (print) __________________________________________________________

Time ____________________ Date ____________________ Signature ____________________________