

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)	
<input type="checkbox"/>	Oxygen deficiency (less than 19.5 %)	<input type="checkbox"/>	Respirator
<input type="checkbox"/>	Oxygen enrichment (greater than 23.5 %)	<input type="checkbox"/>	Lifeline and safety harness
<input type="checkbox"/>	Flammable gases or vapors (greater than 10 % of the lower flammable limit)	<input type="checkbox"/>	Protective clothing
		<input type="checkbox"/>	Hearing protection
<input type="checkbox"/>	Toxic gasses or vapors (greater than the permissible exposure limit)	<input type="checkbox"/>	Spark resistant tools
		<input type="checkbox"/>	Other (explain)
<input type="checkbox"/>	Mechanical hazards		
<input type="checkbox"/>	Electrical shock	Electrical equipment/tools:	
<input type="checkbox"/>	Materials harmful to the skin		
<input type="checkbox"/>	Engulfment	<input type="checkbox"/>	Low voltage
<input type="checkbox"/>	Other (explain)	<input type="checkbox"/>	Ground-fault current interrupters
		<input type="checkbox"/>	Approved for hazardous locations
Preparation (check)			
		Respiratory protection (specify type)	
<input type="checkbox"/>	Notify affected department of service interruption		
<input type="checkbox"/>	Isolate-blanked or double valve, with lock and tag	Communication aid (specify type)	
<input type="checkbox"/>	Zero energy state (lock out all energy sources)		
<input type="checkbox"/>	Cleaned, drained, washed and purged	Rescue equipment (specify)	
<input type="checkbox"/>	Ventilation to provide fresh air		
<input type="checkbox"/>	Emergency response team available	Authorized Entrants	
<input type="checkbox"/>	Employees informed of specific confined space hazards	1.	
<input type="checkbox"/>	Procedures reviewed with each employee	2.	
<input type="checkbox"/>	Atmospheric test in compliance	3.	
<input type="checkbox"/>	Attach hot work permit	4.	
<input type="checkbox"/>	Other	Authorized Attendants	
<input type="checkbox"/>	Other	1.	
		2.	
Additional Instructions		3.	
		4.	

TEST	Allowable Limits	Check if required	Result	AM	PM	Result	AM	PM	Result	AM	PM	Result	AM	PM
Time		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Oxygen-Min	19.5 %	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Oxygen-Max	23.5 %	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Flammability	10 % LFL	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
H ₂ S	10 PPM	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
CO	35 PPM	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Toxic (specify)		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Temperature	Varies	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Other		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Other		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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 _____