

CONFINED SPACE ENTRY PERMIT

GENERAL INFORMATION

Permit Space Location: _____

Purpose of Entry: _____

Entry Permit Valid For Date: _____ to Date: _____
 Time: _____ to Time: _____

PERMIT SPACE HAZARDS

Atmospheric	Yes	No
Oxygen Deficiency	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen Enrichment	<input type="checkbox"/>	<input type="checkbox"/>
Explosive (Gas/Vapor)	<input type="checkbox"/>	<input type="checkbox"/>
Explosive Dust	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide	<input type="checkbox"/>	<input type="checkbox"/>
Hydrogen Sulfide	<input type="checkbox"/>	<input type="checkbox"/>
Other Toxic gases/vapors	<input type="checkbox"/>	<input type="checkbox"/>
Engulfment	<input type="checkbox"/>	<input type="checkbox"/>
Configuration (Entrapment)	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>
Substance Hazardous to skin or eyes	<input type="checkbox"/>	<input type="checkbox"/>
Heat Stress	<input type="checkbox"/>	<input type="checkbox"/>
Other Potential Hazards (ie. Radiation, noise)	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

PERSONNEL

Entrant (s) Time in: Time Out:

Attendant (s) _____

Entry Supervisor (s) _____

COMMUNICATION PROCEDURES USED by Entrant (s) and Attendants (s) check all that apply

- visual
- Voice
- Rope
- Radio/Phone

Other _____

RESCUE and EMERGENCY SERVICES

Names _____ Phone No's _____

Summoning Procedure:

CONTROLS/EQUIPMENT check all that apply

- Isolation Lockout/Tagout
- Blanking/Blinding
- Double block & bleed
- Line breaking/Misalignment
- Other _____

- Inerting
- Purge/clean
- Methods for safe removal and securing area
- Atmospheric Testing
 - Periodic (give interval) _____
 - Continuous

- Ventilation
 - Natural
 - Continuous forced air
 - Local Exhaust

- Entry Equipment
 - Ladders
 - Other _____

- Personal Protective Equipment
 - Respiratory
 - SCBA
 - SAR
 - Air Purifying
 - Protective clothing (specify) _____
 - Eye and face protection
 - Hearing protection

- Rescue and Retrieval Equipment
 - Full body harness
 - Lifeline
 - Tripod w/mechanical winch
 - Explosion proof lighting

- Non-Sparking Tools

- Intrinsically Safe Electrical Equipment & GFO Communication Equipment
 - Radio
 - Phone
 - Other _____

- Hot Work Permit

- Fire Extinguishers

RESCUE PROCEDURES

ENTRY PERMIT (continued from front)

ATMOSPHERIC TESTING RECORD

Condition	Acceptable Level	Pre-Entry Readings		Entry Readings			
		Reading	Time	Reading	Time	Reading	Time
Oxygen	19.5% - 23.5%	_____	_____	_____	_____	_____	_____
Explosive (Gas/Vapor) < 10% LFL		_____	_____	_____	_____	_____	_____
Explosive Dust < LFL (5ft. Visibility)		_____	_____	_____	_____	_____	_____
Carbon Monoxide	50 ppm	_____	_____	_____	_____	_____	_____
Hydrogen Sulfide	10 ppm	_____	_____	_____	_____	_____	_____
Other Hazards (ex. Heat Stress)		_____	_____	_____	_____	_____	_____

Name (s) or initials of Tester: _____
 Testing Equipment Used: Type: _____ Serial No. _____ Type: _____ Serial No. _____

ENTRY AUTHORIZATION

Entry Authorized by:
 Name: _____ Time: _____
 Signature: _____ Date: _____

POST ENTRY PERMIT AT ENTRANCE TO PERMIT SPACE

ENTRY CANCELLATION

Entry Cancelled by:
 Name: _____ Time: _____
 Signature: _____ Date: _____

Reason For Cancellation:

- Entry Operation Completed
- Prohibited Condition arose (specify)

