

CONFINED SPACE ENTRY PERMIT

Permit valid for eight hours unless otherwise noted on the form. This document will be posted at entry portal until job/task is completed.

All requirements will be completed and reviewed prior to entry. Enter yes, or for items that do not apply, N/A; circle items that apply. If any items are marked no, do not enter space - leave no space blank.

REVIEW ALL ITEMS AND CIRCLE THOSE THAT APPLY OR WRITE IN SITE SPECIFIC ITEMS	YES	NO or N/A		YES	NO or N/A
Line(s) broken, blanked, capped, blocked and bleed			Lockout, tagout, tried to start equipment		
Other work permits: Painting, welding, lift other_____			Protective clothing_____		
Mechanical ventilation: Positive, negative, at source			SCBA, air line respirators, escape bottle		
Natural ventilation			Hot work permit		
Secure area: flags, posts, barricades, other_____			Air purifying respirator and cartridges		
Full body or chest harness with "D" ring			Communication equipment, voice radio_____		
Tripod with wench condition_____			Head, eye, hearing, hand, foot, face, protection		
Lifelines condition_____			All electric, lights, tools, Class I Group I Division D		
Fire extinguishers			Flushing, clearing, purging		

Continuously monitor. Record your findings at least every two hours. Watch for trends.

Tests to be taken	TLV, PEL, SDS, other_____	TEST 1	TEST 2	TEST 3	TEST 4
Oxygen	19.5-23.5% PEL				
Combustible Gases	Below 10% of LFL				
Carbon Monoxide	0-50 PPM PEL (0-25 PPM TLV)				
Hydrogen Sulfide	0-10 PPM PEL				
Other:					

Instrument(s) used (model and calibration):

Individual testing: _____

Name and Title

LFL = Lower Flammable Limit PPM = Parts Per Million SDS = Safety Data Sheet

*PEL = Permissible Exposure Limits as listed in OSHA 29CFR1910.1000

**TLV = Threshold Limit Values published by American Conference of Governmental Industrial Hygienists

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Location and identification of confined space:	Date: Time:
Purpose of entry:	Duration:
Original supervisor name (Print):	Expires:
Current supervisor name:	

AUTHORIZED ENTRANTS

Name	Title

AUTHORIZED ATTENDANTS

Name	Title

List all hazards of the confined space:

Rescue alarm/procedures and emergency services notification procedure (include method of contacting trained rescue services without attendant leaving post).

We have reviewed the work authorized by this permit and the information contained here-in. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any risk(s) exist. This permit is not valid unless all items are completed. Permit prepared and approved by:

Supervisor's Signature

Any questions pertaining to confined space entry contact:

The supervisor (name) _____ has safety canceled this permit and returned the space to normal operation at (time and date) _____
Remarks, suggestions, comments: _____