



Confined Space Entry Permit

Permit valid for 8 hours only. All copies of permit will remain at job site until job is completed.

Date: _____ Time: _____

Site location and description: _____

Purpose of entry: _____

NATURE OF CONFINED SPACE HAZARD

- | | | |
|--|--|--|
| <input type="checkbox"/> Oxygen deficiency (less than 19.5%) | <input type="checkbox"/> Oxygen over 23.5% | <input type="checkbox"/> Materials harmful to skin |
| <input type="checkbox"/> Flammable gases/vapors above 10% of lower explosive limit (LEL) | <input type="checkbox"/> Toxic gases or vapors greater than permissible exposure limit (PEL) | <input type="checkbox"/> Electrical lockout |
| <input type="checkbox"/> Mechanical hazards | <input type="checkbox"/> Electrical shock | <input type="checkbox"/> Engulfment |
| | | <input type="checkbox"/> Valve out/isolation |
| | | <input type="checkbox"/> Other(s) _____ |

BOLD DENOTES MINIMUM REQUIREMENTS TO BE COMPLETED AND REVIEWED PRIOR TO ENTRY

PREPARATION COMPLETED	DATE	TIME	REQUIREMENTS COMPLETED	DATE	TIME
Lock out/de-energize/try-out	_____	_____	Full body harness w/ "D" ring	_____	_____
Line(s) broken/capped/blanked	_____	_____	Emergency escape retrieval equip.	_____	_____
Secure area (post and flag)	_____	_____	Lifelines	_____	_____
Breathing apparatus	_____	_____	Lighting (explosion-proof)	_____	_____
Resuscitator/inhalator	_____	_____	Protective clothing (PPE)	_____	_____
Cleaned, drained, washed, & purged	_____	_____	Respiratory equipment	_____	_____
Ventilation for fresh air	_____	_____	Specify _____	_____	_____
Emergency response team available	_____	_____	Communication equipment	_____	_____
Employees informed of specific hazards	_____	_____	Specify _____	_____	_____
Procedures reviewed with each employee	_____	_____	Rescue equipment	_____	_____
Atmospheric test in compliance	_____	_____	Specify _____	_____	_____
Hot work permit attached (if required)	_____	_____	Rescue Service	_____	_____
Continuous monitoring required	_____	_____	Phone# _____	_____	_____

CONTINUOUS MONITORING TEST(S) TO BE TAKEN	PERMISSIBLE ENTRY LEVEL	RECORD MONITORING RESULTS/TIME			
Percent of Oxygen	19.5% to 23.5%	_____	_____	_____	_____
Lower flammable limit	Under 10%	_____	_____	_____	_____
Carbon Monoxide	25 ppm	_____	_____	_____	_____
Aromatic Hydrocarbon	1 ppm - 5 ppm	_____	_____	_____	_____
Hydrogen Cyanide	4.7 ppm (S)	_____	_____	_____	_____
Hydrogen Sulphide	10 ppm* 15 ppm**	_____	_____	_____	_____
Sulphur Dioxide	2 ppm* 5 ppm**	_____	_____	_____	_____
Ammonia	25 ppm* 35 ppm**	_____	_____	_____	_____
Other(s)	_____	_____	_____	_____	_____

* 8 hr. time-weighted avg.: Employee can work in area 8 hrs (longer with appropriate respiratory protection).

**Short-term exposure limit: Employee can work in the area up to 15 minutes.

REMARKS:

GAS TESTER NAME & CHECK#	INSTRUMENT(S) USED	MODEL &/OR TYPE	SERIAL &/OR UNIT #
_____	_____	_____	_____

SAFETY STANDBY PERSON IS REQUIRED FOR ALL CONFINED SPACE WORK

Confined space entrants	Entry time	Exit time	Safety standby person(s)	Ambulance#	Fire#
_____	_____	_____	_____	_____	_____

SUPERVISOR 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: _____

PERMIT CANCELLED: _____ TIME: _____ DATE: _____ SIGNATURE: _____