

CONFINED SPACE ENTRY PERMIT

PERMIT NUMBER: _____

DATE OF ENTRY: _____

PERMIT EXPIRES: _____

TIME: _____

THIS PERMIT MUST BE COMPLETED AND SIGNED PRIOR TO ALL ENTRIES AND RETAINED FOR AT LEAST 1 YEAR

IDENTIFICATION	CONFINED SPACE LOCATION:			
	ADDRESS:			
	CONFINED SPACE NO:			
	TYPE OF SPACE (MANHOLE, PUMP STATION, ETC.):			
DESCRIPTION OF WORK				
HAZARDS & POTENTIAL HAZARDS	OXYGEN DEFICIENCY <input type="checkbox"/> Y <input type="checkbox"/> N	OXYGEN ENRICHMENT <input type="checkbox"/> Y <input type="checkbox"/> N	CARBON MONOXIDE <input type="checkbox"/> Y <input type="checkbox"/> N	
	HYDROGEN SULFIDE <input type="checkbox"/> Y <input type="checkbox"/> N	CHLORINE <input type="checkbox"/> Y <input type="checkbox"/> N	EXPLOSIVES <input type="checkbox"/> Y <input type="checkbox"/> N	
	ELECTRICAL <input type="checkbox"/> Y <input type="checkbox"/> N	COMBUSTIBLE DUST <input type="checkbox"/> Y <input type="checkbox"/> N	SLIPS, TRIPS & FALLS <input type="checkbox"/> Y <input type="checkbox"/> N	
	OTHER TOXIC GASES/VAPORS <input type="checkbox"/> Y <input type="checkbox"/> N IF YES, PLEASE LIST:			
	ENGULFMENT <input type="checkbox"/> Y <input type="checkbox"/> N	ENTRAPMENT <input type="checkbox"/> Y <input type="checkbox"/> N	MECHANICAL <input type="checkbox"/> Y <input type="checkbox"/> N	
	HEAT STRESS <input type="checkbox"/> Y <input type="checkbox"/> N	COLD STRESS <input type="checkbox"/> Y <input type="checkbox"/> N	HAZARDOUS SUBSTANCE <input type="checkbox"/> Y <input type="checkbox"/> N	
	OTHER POTENTIAL HAZARDS <input type="checkbox"/> Y <input type="checkbox"/> N IF YES, PLEASE LIST:			
METHOD OF ENTRY	FIXED LADDER <input type="checkbox"/> PORTABLE LADDER <input type="checkbox"/> STAIRS <input type="checkbox"/> LOWERING WINCH <input type="checkbox"/>			
	THE METHOD OF ENTRY WAS INSPECTED PRIOR TO ENTRY. <input type="checkbox"/>			
HOT WORK	WILL HOT WORK BE CONDUCTED? <input type="checkbox"/> Y <input type="checkbox"/> N IF YES, HOT WORK PERMIT #:			
HAZARD CONTROL/ ISOLATION	LOCKOUT/TAGOUT <input type="checkbox"/> METHOD OF LOCK- OUT OR TAG-OUT:			
	BLANKING/BLINDING <input type="checkbox"/> DOUBLEBLOCK AND BLEED <input type="checkbox"/> LINE BREAK/MISALIGNMENT <input type="checkbox"/>			
	OTHER: <input type="checkbox"/> (SPECIFY) _____ CHECKED BY: _____			
ATMOSPHERIC TESTING	MONITOR 1:		MONITOR 2:	
	SERIAL # _____		SERIAL # _____	
	CONTINUOUS <input type="checkbox"/>	PERIODIC <input type="checkbox"/>	CONTINUOUS <input type="checkbox"/>	PERIODIC <input type="checkbox"/>
	CALIBRATED <input type="checkbox"/>	BATTERY CHARGED <input type="checkbox"/>	CALIBRATED <input type="checkbox"/>	BATTERY CHARGED <input type="checkbox"/>
	READING OUTSIDE SPACE TIME:		READING OUTSIDE SPACE TIME:	
	O2:	H2S:	CO:	LEL:
	(5FT) O2:	H2S:	CO:	LEL:
	(10FT) O2:	H2S:	CO:	LEL:
	(15FT) O2:	H2S:	CO:	LEL:
HAZARD CONTROL VENTILATION	NATURAL VENTILATION <input type="checkbox"/> LENGTH OF VENTILATION BEFORE ENTRY: _____			
	FORCED AIR <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> CONTINUOUS USE <input type="checkbox"/>			
	SADDLE VENT <input type="checkbox"/> INSPECTED? <input type="checkbox"/> HOSES <input type="checkbox"/> INSPECTED? <input type="checkbox"/> VENTILATOR USED: _____			
PERSONAL PROTECTIVE EQUIPMENT	GLOVES <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> HEARING PROTECTION <input type="checkbox"/> SUPPLIED AIR RESPIRATOR <input type="checkbox"/>			
	BOOTS <input type="checkbox"/> CLASS II VEST <input type="checkbox"/> TYVEX SUIT <input type="checkbox"/> AIR PURIFYING RESPIRATOR <input type="checkbox"/>			
	HARDHAT <input type="checkbox"/> GLASSES <input type="checkbox"/> FALL ARREST <input type="checkbox"/> OTHER: _____ <input type="checkbox"/>			
NON-ENTRY RESCUE EQUIPMENT	TRIPOD <input type="checkbox"/> INSPECTED? <input type="checkbox"/> DAVIT ARM SYSTEM <input type="checkbox"/> INSPECTED? <input type="checkbox"/> ANCHOR POINT <input type="checkbox"/> INSPECTED? <input type="checkbox"/>			
	WINCH <input type="checkbox"/> INSPECTED? <input type="checkbox"/> FULL BODY HARNESS <input type="checkbox"/> INSPECTED? <input type="checkbox"/> CARABINEER <input type="checkbox"/> INSPECTED? <input type="checkbox"/>			
	OTHER: (SPECIFY) _____ INSPECTED? <input type="checkbox"/>			
OTHER EQUIPMENT	BARRICADE <input type="checkbox"/> SIGNAGE <input type="checkbox"/> FIRE EXTINGUISHER <input type="checkbox"/> INTRINSICALLY SAFE EQUIPMENT <input type="checkbox"/> CONES <input type="checkbox"/>			
	LIGHTING <input type="checkbox"/> FIRST AID <input type="checkbox"/> EQUIPMENT WINCH <input type="checkbox"/> PUMP <input type="checkbox"/> PUMP BACK-UP <input type="checkbox"/> OTHER _____ <input type="checkbox"/>			
COMMUNICATION	VISUAL <input type="checkbox"/> VOICE <input type="checkbox"/> ROPE TUGS <input type="checkbox"/> TWO WAY RADIO <input type="checkbox"/> SYSTEM TESTED <input type="checkbox"/>			

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EMERGENCY PLANS

RESCUE SERVICE NOTIFIED & ON STANDBY NAME OF SERVICE: _____

EMERGENCY PHONE # _____

METHOD OF CONTACT: _____

SYSTEM FUNCTIONAL

TEAM NEEDED ON SITE: _____

PERSONNEL

ENTRANT(S)	TRAINED	ATTENDANT(S)	TRAINED
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

ENTRY SUPERVISOR AUTHORIZATION

ALL PERSONNEL HAVE REVIEWED THIS PERMIT AND FEEL IT IS SAFE TO ENTER.

I CERTIFY THAT I HAVE INSPECTED THE WORK AREA FOR SAFETY AND REVIEWED ALL SAFETY PRECAUTIONS RECORDED ON THIS PERMIT. I AM AUTHORIZING THIS ENTRY.

PRINT NAME

SIGN NAME

DATE

TIME

TIME OF FIRST ENTRY: _____

ENTRY & EXIT LOG

ENTRANT(S)	TIME IN	TIME OUT	TIME IN	TIME OUT

CONTINUOUS ATMOSPHERIC TESTING

LEGAL LIMITS
O2-19.5%-23.5%
(20.9% IS IDEAL)
H2S- 10PPM
CO-35PPM
LEL- 10%

MONITOR 1:				MONITOR 2:			
READINGS AT 5/10/15 FEET		TIME:		READINGS AT 5/10/15 FEET		TIME:	
(5FT) O2:	H2S:	CO:	LEL:	(5FT) O2:	H2S:	CO:	LEL:
(10FT) O2:	H2S:	CO:	LEL:	(10FT) O2:	H2S:	CO:	LEL:
(15FT) O2:	H2S:	CO:	LEL:	(15FT) O2:	H2S:	CO:	LEL:
READINGS AT 5/10/15 FEET		TIME:		READINGS AT 5/10/15 FEET		TIME:	
(5FT) O2:	H2S:	CO:	LEL:	(5FT) O2:	H2S:	CO:	LEL:
(10FT) O2:	H2S:	CO:	LEL:	(10FT) O2:	H2S:	CO:	LEL:
(15FT) O2:	H2S:	CO:	LEL:	(15FT) O2:	H2S:	CO:	LEL:
READINGS AT 5/10/15 FEET		TIME:		READINGS AT 5/10/15 FEET		TIME:	
(5FT) O2:	H2S:	CO:	LEL:	(5FT) O2:	H2S:	CO:	LEL:
(10FT) O2:	H2S:	CO:	LEL:	(10FT) O2:	H2S:	CO:	LEL:
(15FT) O2:	H2S:	CO:	LEL:	(15FT) O2:	H2S:	CO:	LEL:
READINGS AT 5/10/15 FEET		TIME:		READINGS AT 5/10/15 FEET		TIME:	
(5FT) O2:	H2S:	CO:	LEL:	(5FT) O2:	H2S:	CO:	LEL:
(10FT) O2:	H2S:	CO:	LEL:	(10FT) O2:	H2S:	CO:	LEL:
(15FT) O2:	H2S:	CO:	LEL:	(15FT) O2:	H2S:	CO:	LEL:

CANCELLATION

THIS PERMIT HAS BEEN TERMINATED DUE TO:

OPERATION COMPLETED

UNFORESEEN HAZARDS (LIST HAZARDS): _____

OTHER: (SPECIFY): _____

RESCUE SERVICE CALLED TO STAND DOWN

PRINT NAME

SIGN NAME

DATE

TIME