

CONFINED SPACE ENTRY PERMIT

GENERAL INFORMATION

Permit No. _____

Space to be Entered: _____

 Location/Building: _____

Purpose of Entry: _____

 Authorized Duration of Permit: Date: _____ to _____
 Time: _____ to _____

PERMIT SPACE HAZARDS (Indicate specific hazards with initials.)

- Oxygen deficiency (less than 19.5%)
- Oxygen enrichment (greater than 23.5%)
- Flammable gases or vapors (greater than 10% of LFL)
- Airborne combustible dust (meets or exceeds LFL)
- Toxic gases or vapors (greater than PEL)
- Mechanical hazards
- Electrical shock
- Materials harmful to skin
- Engulfment
- Other: _____

EQUIPMENT REQUIRED FOR ENTRY AND WORK

Specify as required:
Personal Protective Equipment: _____

Respiratory Protection: _____
Atmospheric Testing/Monitoring: _____
Communication: _____
Rescue Equipment: _____
Other: _____

PREPARATION FOR ENTRY (Check after steps have been taken.)

- Notification of affected departments of service interruption.
- Isolation Methods:
 - Lockout/tagout
 - Blank/blind
 - Purge/clean
 - Inert
 - Ventilate
 - Atmospheric test
 - Barriers
 - Other: _____
- Personnel Awareness:
 - Pre-entry briefing on specific hazards and control methods
 - Notify contractors of permit and hazard conditions
 - Other: _____
- Additional permits required and/or attached:
 - Hotwork
 - Line breaking
 - Other: _____

COMMUNICATION PROCEDURES

To be used by attendants and entrants:

EMERGENCY SERVICE

Name of Service	Phone Number	Method of Contact

AUTHORIZED ENTRANTS (List by name or attach roster.)

AUTHORIZED ATTENDANTS (List by name.)

TESTING RECORD

Time	Acceptable Conditions	Result : AM/PM						
Oxygen-min.	> 19.5%	_____	_____	_____	_____	_____	_____	_____
Oxygen-max.	< 23 %	_____	_____	_____	_____	_____	_____	_____
Flammability	< 10% LEL/LFL	_____	_____	_____	_____	_____	_____	_____
H ₂ S	< 10 ppm	_____	_____	_____	_____	_____	_____	_____
Toxic (specify)	_____	_____	_____	_____	_____	_____	_____	_____
Cl ₂	< 0.5 ppm	_____	_____	_____	_____	_____	_____	_____
CO	< 35 ppm	_____	_____	_____	_____	_____	_____	_____
SO ₂	< 2 ppm	_____	_____	_____	_____	_____	_____	_____
Heat	°F/°C	_____	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____	_____	_____
Tester Initials	_____	_____	_____	_____	_____	_____	_____	_____

AUTHORIZATION BY ENTRY SUPERVISORS

I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in this confined space.

Printed Name	Signature	Date	Time
_____	_____	_____	_____
_____	_____	_____	_____