**CONFINED SPACE ENTRY PERMIT (Post at Job Site)**

Date and Time Issued: \_\_\_\_\_\_\_\_\_\_ Date and Time Expires: \_\_\_\_\_\_\_\_\_\_

Job site/Space I.D.: \_\_\_\_\_\_\_\_\_\_ Job Supervisor: \_\_\_\_\_\_\_\_\_\_

Equipment to be worked on: \_\_\_\_\_\_\_\_\_\_ Work to be performed: \_\_\_\_\_\_\_\_\_\_

Stand-by personnel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Atmospheric Checks: Time \_\_\_\_\_\_\_\_ am / pm

Oxygen \_\_\_\_\_\_\_\_\_ %

Explosive \_\_\_\_\_\_\_\_\_ % L.F.L.

Toxic \_\_\_\_\_\_\_\_\_ PPM

Tester's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Source isolation (No Entry): N/A Yes No

Pumps or lines blinded, ( ) ( ) ( )

disconnected, or blocked ( ) ( ) ( )

4. Ventilation Modification: N/A Yes No

Mechanical ( ) ( ) ( )

Natural Ventilation only ( ) ( ) ( )

5. Atmospheric check after Isolation and Ventilation:

Oxygen \_\_\_\_\_\_\_\_\_\_\_\_ % > 19.5 %

Explosive \_\_\_\_\_\_\_\_\_\_\_\_ % L.F.L < 10 %

Toxic \_\_\_\_\_\_\_\_\_\_\_\_ PPM < 10 PPM H(2)S

Time \_\_\_\_\_\_\_\_\_\_\_\_

Testers signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Communication procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Rescue procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. Entry, standby, and back up persons: Yes No

Successfully completed required training ( ) ( )

Is it current? ( ) ( )

9. Equipment: N/A Yes No

Direct reading gas monitor – tested ( ) ( ) ( )

Safety harnesses and lifelines

for entry and standby persons ( ) ( ) ( )

Equipment N/A Yes No

Hoisting equipment ( ) ( ) ( )

Powered communications ( ) ( ) ( )

SCBA's for entry and standby persons ( ) ( ) ( )

Protective Clothing ( ) ( ) ( )

All electric equipment listed

Class I, Division I, Group D

and Non-sparking tools ( ) ( ) ( )

10. Periodic atmospheric tests:

Oxygen \_\_\_\_% Time \_\_\_\_ Oxygen \_\_\_\_% Time \_\_\_\_

Oxygen \_\_\_\_% Time \_\_\_\_ Oxygen \_\_\_\_% Time \_\_\_\_

Explosive \_\_\_\_% Time \_\_\_\_ Explosive \_\_\_\_% Time \_\_\_\_

Explosive \_\_\_\_% Time \_\_\_\_ Explosive \_\_\_\_% Time \_\_\_\_

Toxic \_\_\_\_% Time \_\_\_\_ Toxic \_\_\_\_% Time \_\_\_\_

Toxic \_\_\_\_% Time \_\_\_\_ Toxic \_\_\_\_% Time \_\_\_\_

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 squares are marked in the "No" column. This permit is

not valid unless all appropriate items are completed.

Permit Prepared By: (Supervisor)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved By: (Unit Supervisor)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed By (Cs Operations Personnel) :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(printed name) (signature)

This permit to be kept at job site. Return job site copy to Safety Office following job completion

**Sample 2**

ENTRY PERMIT

PERMIT VALID FOR 8 HOURS ONLY. ALL COPIES OF PERMIT WILL REMAIN AT

JOB SITE UNTIL JOB IS COMPLETED

DATE: - - SITE LOCATION and DESCRIPTION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PURPOSE OF ENTRY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR(S) in charge of crews Type of Crew Phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMUNICATION PROCEDURES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RESCUE PROCEDURES (PHONE NUMBERS AT BOTTOM) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* BOLD DENOTES MINIMUM REQUIREMENTS TO BE COMPLETED AND REVIEWED

PRIOR TO ENTRY\*

REQUIREMENTS COMPLETED DATE TIME

Lock Out/De-energize/Try-out \_\_\_\_ \_\_\_\_

Line(s) Broken-Capped-Blanked \_\_\_\_ \_\_\_\_

Purge-Flush and Vent \_\_\_\_ \_\_\_\_

Ventilation \_\_\_\_ \_\_\_\_

Secure Area (Post and Flag) \_\_\_\_ \_\_\_\_

Breathing Apparatus \_\_\_\_ \_\_\_\_

Resuscitator - Inhalator \_\_\_\_ \_\_\_\_

Standby Safety Personnel \_\_\_\_ \_\_\_\_

Full Body Harness w/"D" ring \_\_\_\_ \_\_\_\_

Emergency Escape Retrieval Equip \_\_\_\_ \_\_\_\_

Lifelines \_\_\_\_ \_\_\_\_

Fire Extinguishers \_\_\_\_ \_\_\_\_

Lighting (Explosive Proof) \_\_\_\_ \_\_\_\_

Protective Clothing \_\_\_\_ \_\_\_\_

Respirator(s) (Air Purifying) \_\_\_\_ \_\_\_\_

Burning and Welding Permit \_\_\_\_ \_\_\_\_

Cells phones “Off” in Flammable conditions \_\_\_\_ \_\_\_\_

Note: Items that do not apply enter N/A in the blank.

\*\*RECORD CONTINUOUS MONITORING RESULTS EVERY 2 HOURS

CONTINUOUS MONITORING\*\*

TEST(S) TO BE TAKEN Entry Level

PERCENT OF OXYGEN **19.5% to 23.5%** \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

LOWER FLAMMABLE LIMIT **Under 10%** \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

CARBON MONOXIDE **+** **35 PPM** \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

Aromatic Hydrocarbon **+**1 PPM **\*** 5PPM \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

Hydrogen Cyanide (Skin) \* 4PPM \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

Hydrogen Sulfide **+**10 PPM \*15PPM \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

Sulfur Dioxide **+** 2 PPM **\*** 5PPM \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

Ammonia **\***35PPM \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

Note: Items that do not apply enter N/A in the blank.

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

**minutes.**

**+ 8 hr. Time Weighted Avg.: Employee can work in area 8 hrs (longer**

**with appropriate respiratory protection).**

REMARKS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GAS TESTER NAME INSTRUMENT(S) &/OR TYPE MODE UNIT # SERIAL#

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Phone #s

DEPARTMENT/PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMBULANCE \_\_\_\_\_\_\_\_\_\_\_ FIRE\_\_\_\_\_\_\_\_\_\_\_ Safety\_\_\_\_\_\_\_\_\_\_ Gas Coordinator \_\_\_\_\_\_\_\_\_\_

SUPERVISOR AUTHORIZING - ALL CONDITIONS SATISFIED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_