

Confined Space Entry Permit

Location of Confined Space: _____

Purpose of Entry: _____

Date of Entry: _____ Authorized Duration of Entry Permit: _____

Authorized Entrants: _____

Attendants: _____

Entry Supervisor _____

Authorizing Entry: _____

Signature

Date & Time

Record hazards of the permit space to be entered.				Check or list the measures used to isolate the permit space and to eliminate or control permit space hazards before entry.
Hazard	Yes	No	N/A	
A. Lack of Oxygen				<input type="checkbox"/> A. Purge-Flush and Vent
B. Oxygen Enrichment				<input type="checkbox"/> B. Ventilation
C. Combustible Gases/Vapors				<input type="checkbox"/> C. Lockout/Tag Out
D. Toxic Gases/Vapors				<input type="checkbox"/> D. Inerting
E. Chemical Contact				<input type="checkbox"/> E. Blanking, Blocking, Bleeding
F. Electrical Hazards				<input type="checkbox"/> F. External Barricades
G. Mechanical Hazards				<input type="checkbox"/> G. Confined Space Identification/Signs
H. Temperature				
I. Engulfment				
J. Entrapment				
K. Others				

Test(s) To be Taken	Permissible Entry Levels	Readings:			
		Test 1	Test 2	Test 3	Test 4
A. Percent of Oxygen	19.5% to 23.5%				
B. Carbon Monoxide	35 ppm PEL				
C. Hydrogen Sulfide	10 ppm PEL/15ppmSTEL				
D. L.E.L	<10%				
E .					
Name or Initial of Tester					
Test Times					

Equipment Supplied to the employee			
Yes	No	N/A	Equipment Description
			i. Gas Test and Monitoring Name _____ Model/Type _____ Serial/Unit No. _____
			ii. Ventilating
			iii. Communications
			iv. Personal Protective Equipment : <input type="checkbox"/> Safety Harness with Life Lines <input type="checkbox"/> Hard Hats <input type="checkbox"/> Hand <input type="checkbox"/> Respiratory <input type="checkbox"/> Hard Hats <input type="checkbox"/> Eye <input type="checkbox"/> Ear <input type="checkbox"/> Face <input type="checkbox"/> Foot <input type="checkbox"/> Clothing
			v. Lighting
			vi. Barriers/Shields <input type="checkbox"/> Pedestrian <input type="checkbox"/> Vehicle <input type="checkbox"/> Other
			vii. Safe Ingress/Egress <input type="checkbox"/> Ladders
	Emergency Call 9-4444		viii. Rescue and Emergency <input type="checkbox"/> Lifelines <input type="checkbox"/> Hoists <input type="checkbox"/> Resuscitators-Inhaler
			ix. Other Safety Equipment

THIS CONFINED SPACE ENTRY PERMIT HAS BEEN CANCELLED:

By _____ am/pm _____ Date _____
 Entry Permit Supervisor Time