**CONFINED SPACE ENTRY PERMIT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE ISSUED:** |  | **TIME ISSUED:** |  | **[ ]  AM** **[ ]  PM** |
| **EXPIRATION DATE:** |  | **EXPIRATION TIME:** |  | **[ ]  AM** **[ ]  PM** |
| **JOB SITE/SPACE ID:** |  |
| **JOB SUPERVISOR:** |  |
| **EQUIPMENT TO BE WORKED ON:** |  |
| **WORK TO BE PERFORMED:** |  |
| **STAND-BY PERSONNEL:** |  |

|  |
| --- |
| **ATMOSPHERIC CHECKS** |
| **TIME:** |  | **[ ]  AM** **[ ]  PM** |  |
| **OXYGEN:** |  | **%** | **EXPLOSIVE:** |  | **% L.F.L.** | **TOXIC:** |  | **PPM** |
| **TESTER’S NAME & SIGNATURE** |
| **NAME:** |  |
| **SIGNATURE:** |  |
| **SOURCE ISOLATION** |
|  | **N/A** | **YES**  | **NO** |
| **PUMPS OR LINES BLINDED, DISCONNECTED, OR BLOCKED:** | **[ ]**  | **[ ]**  | **[ ]**  |
| **VENTILATION MODIFICATION** |
| **MECHANICAL:** | **[ ]**  | **[ ]**  | **[ ]**  |
| **NATURAL VENTILATION ONLY:** | **[ ]**  | **[ ]**  | **[ ]**  |
| **ATMOSPHERIC CHECK AFTER ISOLATION AND VENTILATION** |
| **OXYGEN:** |  | **% > 19.5%** |
| **EXPLOSIVE:** |  | **% L.F.L. < 10%** |
| **TOXIC:** |  | **PPM < 10 PPM H2S** |
| **TIME:** |  | **[ ]  AM** **[ ]  PM** |
| **TESTER’S SIGNATURE:** |  |
| **COMMUNICATION PROCEDURES** |
|  |
| **RESCUE PROCEDURES** |
|  |
| **ENTRY, STANDBY, AND BACK-UP PERSONS** |
|  | **YES** | **NO** |
| **SUCCESSFULLY COMPLETED REQUIRED TRAINING?** | **[ ]**  | **[ ]**  |
| **TRAINING IS CURRENT?** | **[ ]**  | **[ ]**  |
| **EQUIPMENT** |
|  | **N/A** | **YES** | **NO** |
| **DIRECT READING GAS MONITOR (TESTED):** | **[ ]**  | **[ ]**  | **[ ]**  |
| **SAFETY HARNESSES/LIFELINES FOR ENTRY & STANDBY PERSONS:** | **[ ]**  | **[ ]**  | **[ ]**  |
| **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:** | **[ ]**  | **[ ]**  | **[ ]**  |
| **PERIODIC ATMOSPHERIC TESTS** |
| **OXYGEN:** |  | **%** | **TIME:** |  | **[ ]  AM** **[ ]  PM** |
| **OXYGEN:** |  | **%** | **TIME:** |  | **[ ]  AM** **[ ]  PM** |
| **EXPLOSIVE:** |  | **%** | **TIME:** |  | **[ ]  AM** **[ ]  PM** |
| **EXPLOSIVE:** |  | **%** | **TIME:** |  | **[ ]  AM** **[ ]  PM** |
| **TOXIC:** |  | **%** | **TIME:** |  | **[ ]  AM** **[ ]  PM** |
| **TOXIC:** |  | **%** | **TIME:** |  | **[ ]  AM** **[ ]  PM** |

**We have reviewed the work authorized by this permit and the information contained herein. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any are marked in the “No” column.**

**This permit is not valid unless all appropriate items are completed.**

|  |  |  |
| --- | --- | --- |
| **PERMIT PREPARED BY:** |  |  |
| **APPROVED BY (SUPERVISOR):** |  |  |
| **REVIEWED BY (EH&S):** |  |  |

 **PRINT NAME SIGNATURE**

**This permit is to be kept at job site. Return job site copy to Environmental Health and Safety following job completion.**