



Confined Space Entry Permit

Date and Time Issued: _____ Date and Time Expired: _____

Job Site/Space ID: _____

Equipment to be worked on: _____

Work to be performed: _____

Job Supervisor: _____

Personnel	Signature
Entrant: _____	_____
Entrant: _____	_____
Attendant: _____	_____

1. Atmospheric Checks:

Time _____

Oxygen _____%

Explosive _____% L.F.L.

Toxic _____ PPM

2. Tester's Signature: _____

3. Source Isolation (No Entry):	N/A	Yes	No
Pumps or lines blinded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disconnected or blocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Ventilation Modification:			
Mechanical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural Ventilation Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Atmospheric Check after Isolation and Ventilation:

Oxygen _____% \geq 19.5%

Explosive _____% L.F.L. \leq 10%

Toxic _____ PPM \geq 10PPM H₂S

Time _____

Tester's Signature _____

6. Communication Procedures:

In Case of Emergency Call Station 38 by Radio or Telephone

Radio: Station 38

Phone: 527-7660

7. Rescue Procedures:

8. Entry, standby and back-up persons:

Successfully completed required training?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Is training current?

<input type="checkbox"/>	<input type="checkbox"/>
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9. Equipment:	N/A	Yes	No
Direct Reading Gas Monitor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety harnesses and lifelines for entry and standby persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoisting Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Powered Communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCBA's for entry and standby persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protective Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All electric Equipment listed, Class I, Division I, Group D and Non-Sparking tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Periodic Atmospheric tests:

Oxygen: _____% Time _____

Explosive: _____% Time _____

Toxic: _____ PPM 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 items are marked in the NO column. This permit is not valid unless all appropriate items are completed.

Permit Prepared By: _____

Approved By: _____

Reviewed By: _____

*This permit is to be kept at the job site for the duration of the job.