

CONFINED SPACE ENTRY PERMIT

This permit must be completed prior to entry into the confined space. Entry cannot be performed if any boxes are marked "No." This permit is valid for only 8 hours only.

Date of entry: _____ Time of Entry: _____

Location: _____ Type of space: _____

Equipment to be worked on: _____

Work to be performed: _____

Anticipated time needed to complete work: _____

Anticipated Harzards: _____

Entry personnel: _____

Attendants: _____

Acceptable conditions

- | | | | |
|-------------------------------|-----------|------------------------|---|
| 1. Atmospheric checks: | Oxygen | _____ % O ₂ | 19.5 % to 23.5 % |
| | Explosive | _____ % LFL. | <10% L.E.L./L.F.L. |
| | Toxic | _____ ppm | 0-35 ppm Carbon Monoxide
0-10 ppm Hydrogen Sulfide |

Atmospheric Tester's Initials: _____ Time: _____

- | | | | |
|--|------------|------------|-----------|
| 2. Isolation of pumps/lines: | N/A | Yes | No |
| Pumps or lines blocked, blinked, or disconnected | () | () | () |

- | | | | |
|--------------------------|------------|------------|-----------|
| 3. Ventilation: | N/A | Yes | No |
| Mechanical | () | () | () |
| Natural ventilation only | () | () | () |

- | | | | |
|------------------------------------|-----|-----|-----|
| 4. Hot work permit required | () | () | () |
|------------------------------------|-----|-----|-----|

- 5. Atmospheric checks after isolation and ventilation, if applicable:**

Oxygen: _____ % O₂
Explosive: _____ % LEL
Toxic: _____ PPM

- 6. Communication procedures:** _____

- 7. Lockout procedures, if applicable:** _____

- | | | |
|---|------------|-----------|
| 8. Entrant(s), attendant(s), and rescue personnel (if applicable) have successfully completed required training. | Yes | No |
| | () | () |

- | | | | |
|---|------------|------------|-----------|
| 9. Equipment: | N/A | Yes | No |
| Direct reading sampling device which is properly calibrated | () | () | () |
| Safety harnesses and lifelines for entrants and attendants | () | () | () |
| Mechanical retrieval/hosting equipment | () | () | () |
| Communication equipment | () | () | () |
| SCBA or Type C air line respirator | () | () | () |
| Personal protective equipment and clothing | () | () | () |
| Electrical equipment/Lighting/Non sparking Tools | () | () | () |
| Traffic barriers/entrance covers | () | () | () |

I have reviewed the work authorized by this permit and the information pertaining to each item. Safety procedures have been received and are understood by all personnel.

Entry Supervisor: _____

Date: _____