

Confined Space Entry Permit

Project Name:	Project Number:
Type of Entry:	<input type="checkbox"/> Permit Required <u>Confined</u> Space <input type="checkbox"/> Alternate Methods Confined Space
Space ID / Location:	
Purpose of Entry:	
Space Description:	
Entry Supervisor Name & Title:	
Authorized Entrant(s):	
Authorized Permit Duration	Start Date & Time: End Date & Time:

HAZARD(S) INHERENT TO THE SPACE	HAZARD(S) INTRODUCED TO THE SPACE
<input type="checkbox"/> Outside Space <input type="checkbox"/> Heat / Cold <input type="checkbox"/> Lighting <input type="checkbox"/> Space Access <input type="checkbox"/> Fall <input type="checkbox"/> Chemical <input type="checkbox"/> Atmosphere <input type="checkbox"/> Lighting <input type="checkbox"/> Configuration <input type="checkbox"/> Natural Gas Lines <input type="checkbox"/> Biological <input type="checkbox"/> Explosion <input type="checkbox"/> Sewer Lines <input type="checkbox"/> Entrapment <input type="checkbox"/> Electrical <input type="checkbox"/> Water Lines <input type="checkbox"/> Engulfment <input type="checkbox"/> Fire	<input type="checkbox"/> Paints / Sealants / Caulk <input type="checkbox"/> Sanding <input type="checkbox"/> Cleaning Chemicals <input type="checkbox"/> Grinding <input type="checkbox"/> Solvents <input type="checkbox"/> Corrosives <input type="checkbox"/> Welding / Cutting <input type="checkbox"/> Heat <input type="checkbox"/> Tools that may Spark
Other:	Other:

ACCEPTABLE ENTRY CONDITIONS									
1. Affected Departments and/or Personnel Notified?					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Departments that were notified:									
2. Confined Space Perimeter Setup and Secure?					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
3. Atmospheric Testing?					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Air Monitoring	Acceptable Limits	Prior to Ventilation	After Ventilation	Reading / Time	Reading / Time	Reading / Time	Reading / Time	Reading / Time	Reading / Time
O2	19.5-23.5%								
% LEL	<10%								
CO	<25 PPM								
H2S	<10 PPM								
Other	<PEL/TLV								
Tested by:		Meter ID:		Last Calibration Date:					
4. Lockout Tagout of Hazardous Entry Sources					Prior to Entry: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
5. Space Ventilation		Ventilation Equipment Used:							
Fan ID:		Fan CFM:			Other:				
6. Communication Method					<input type="checkbox"/> Radio <input type="checkbox"/> Voice <input type="checkbox"/> Visual <input type="checkbox"/> Cell <input type="checkbox"/> Other:				
7. Lighting <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			Lighting Used:						
8. PPE Required					<input type="checkbox"/> Hard Hat <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Work Boots <input type="checkbox"/> Gloves <input type="checkbox"/> Other:				
9. Other Permits Attached (i.e. LOTO Checklist and Hot Work Permit) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A									
10. Rescue <i>*When using 3rd party rescue services, provide additional contact information and rescue plan to this permit.</i>									
Rescue Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				Used:					

Rescue and Emergency Service Available Yes No N/A Used: _____

EQUIPMENT LIST

- | | | |
|--|---|--|
| <input type="checkbox"/> Ventilation Fan and Venting | <input type="checkbox"/> Ladder or other Access Equipment | <input type="checkbox"/> Extension Cord |
| <input type="checkbox"/> Tools for the Job | <input type="checkbox"/> Tripod with Winch and Lifeline / Harness | <input type="checkbox"/> Fire Extinguisher |
| <input type="checkbox"/> Radio | <input type="checkbox"/> First Aid Kit | <input type="checkbox"/> 4-Gas Meter |
| <input type="checkbox"/> Barriers | | |

Other: _____

Is there potential for an explosive atmosphere? Yes No

Do Tools Need to be Intrinsically Safe? Yes No N/A

CONFINED SPACE ENTRY PERMIT CLOSE-OUT

Permit Cancelled? N/A No Yes **Date / Time:** _____

Space Vacated? N/A No Yes **Date / Time:** _____

Reason: _____

By: _____

Supervisor's Signature: _____	Date: _____
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Attendants: _____	Date: _____
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Entrants:	Date:

Post Entry Evaluation: (comments for improvements / problems encountered, etc.)