

Confined Space Entry Permit

Permit valid for one shift only. Permit must be posted near entry point. Keep permit on file for one year.

Date: ____/____/____ Entry Time: ____ AM PM Permit Expiration Time: ____ AM PM

Confined Space Name/ID: _____ Location: _____

Reason for Entry: _____

Entry Point: TOP BOTTOM SIDE Communication used: VOICE HAND SIGNAL RADIO Other _____

Hazard Identification & Control *Identify potential or known hazards for the confined space. For "OTHER" explain in notes.*

Atmospheric Hazards present or potentially present – (check all that apply). YES NO NA

Oxygen Deficient <19.5% Flammable Gases, Vapors when ≥ 10% LFL Airborne combustible dust

Oxygen Enriched ≥ 23.5% Toxic Gases, Vapors when ≥ PEL Other _____

Control: Test before entry Continual monitoring Natural ventilation Forced air ventilation Other

Engulfment & Entrapment Hazards present or potentially present - (check all that apply) YES NO NA

Flowing material Hung up, bridged, crusted material Inwardly converging walls Sloping floors Other

Control: LOTO fill and/or emptying equipment Lock gates Block spouts/pipes Drain/empty Lifeline use

| Potential/known hazard | YES | NO | Type / Control Used | Potential/known hazard | YES | NO | Type / Control Used |
|--------------------------------------|--------------------------|--------------------------|---------------------|--|--------------------------|--------------------------|---------------------|
| Egress hazards | <input type="checkbox"/> | <input type="checkbox"/> | | Respiratory hazards | <input type="checkbox"/> | <input type="checkbox"/> | |
| Insufficient lighting hazard | <input type="checkbox"/> | <input type="checkbox"/> | | Skin hazards | <input type="checkbox"/> | <input type="checkbox"/> | |
| Chemical hazards | <input type="checkbox"/> | <input type="checkbox"/> | | Heat/Cold hazards | <input type="checkbox"/> | <input type="checkbox"/> | |
| Mechanical hazards (unguarded items) | <input type="checkbox"/> | <input type="checkbox"/> | | Snake, Rodent, Animal and Insect Hazards | <input type="checkbox"/> | <input type="checkbox"/> | |
| Electrical hazards | <input type="checkbox"/> | <input type="checkbox"/> | | Vehicle hazards | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fall hazards | <input type="checkbox"/> | <input type="checkbox"/> | | Noise hazards | <input type="checkbox"/> | <input type="checkbox"/> | |

Other Hazards & Control:

| | RESCUE / FIRE CONTACT #: | | | | RESCUE / FIRE CONTACT #: | | |
|---|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|
| | YES | NO | NA | | YES | NO | NA |
| Entry area secure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Safety harness & lifeline or retrieval line | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LOTO/de-energization & isolation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PPE inspection completed before use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lighting (rated for type of space/work) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Mechanical retrieval device | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hot work permit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Respirator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| GFCI equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hearing Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-sparking tools | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other PPE _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

NOTES:

Atmospheric Information *Acceptable atmospheric entry conditions must meet the limits stated below.*

Monitor calibrated? YES NO Date calibrated: ____/____/____ Monitor functioning correctly? YES NO
 Bump test conducted against known concentration of gases, your meter is set up to check? YES NO

Pre-entry / Initial Air Monitor Readings

| Time | O2 19.5 - 23.5% | LFL <10% | CO ≤ 50 ppm | H2S ≤10 ppm | Other __ | Other __ | Other ____ | Signature |
|------|--------------------|-------------|----------------|----------------|----------|----------|------------|-----------|
| | | | | | | | | |

Periodic Air Monitor Readings – Test every ½ hour unless entrant wears meter continuously

| Time | O2 | LFL | CO | H2S | Other __ | Other __ | Other ____ | Signature |
|------|----|-----|----|-----|----------|----------|------------|-----------|
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NOTES:

I have been trained for the confined space job duties assigned and agree with the conditions listed on the entry permit.

Entrant(s): _____
Print Name
Signature
Print Name
Signature

Attendant(s): _____
Print Name
Signature
Print Name
Signature

I certify all conditions and actions necessary for safe entry have been performed and the entry is authorized.

Entry Supervisor: _____
Print Name
Signature

Permit Cancellation Time: _____ AM PM Structure returned to operating condition? YES NO

Entry Supervisor
 Signature: _____ Date: ____/____/____

Ensure employee has received the appropriate training for the job & tasks and the training is documented.