

# Confined Space Entry Permit

Permit Number \_\_\_\_\_

|                            |                            |
|----------------------------|----------------------------|
| Company Name: _____        | Date & Time Issued: _____  |
| Job Site / Space ID: _____ | Date & Time Expires: _____ |
| Purpose of Entry: _____    |                            |

**AUTHORIZED WORKERS**

**RESCUE PLAN**

**Entrants:** \_\_\_\_\_

Non-Entry Rescue

**Attendants:** \_\_\_\_\_

Outside Rescue \_\_\_\_\_

**Supervisors:** \_\_\_\_\_

**POTENTIAL HAZARDS**

**REQUIRED ENTRY EQUIPMENT**

**COMMUNICATION**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Oxygen deficiency (<19.5%)<br><input type="checkbox"/> Toxic gasses or vapors > PEL<br><input type="checkbox"/> Engulfment or Entrapment (circle selections)<br><input type="checkbox"/> Electrical hazards<br><input type="checkbox"/> Flammable hazards (gasses, vapors, high oxygen)<br><input type="checkbox"/> Heat or Cold (circle one)<br><input type="checkbox"/> Hazardous configuration<br><input type="checkbox"/> Rotating or moving equipment<br><input type="checkbox"/> Chemical hazards<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Respirator<br><input type="checkbox"/> Coveralls<br><input type="checkbox"/> Hearing protection<br><input type="checkbox"/> Explosive proof lighting<br><input type="checkbox"/> Fire Extinguishers<br><input type="checkbox"/> Resuscitator - Inhalator<br><input type="checkbox"/> Emergency Escape Respirator<br><input type="checkbox"/> Supplied Air Ventilation<br><input type="checkbox"/> Vert Entry / Escape Equipment<br><input type="checkbox"/> Horz Entry / Escape Equipment | <input type="checkbox"/> Line of sight<br><input type="checkbox"/> Radios<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Other _____ |
|--|--|---|

**ENTRY PREPARATIONS**

**ATMOSPHERIC TESTING**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Notify affected employees of work<br><input type="checkbox"/> Isolate hazardous energy<br><input type="checkbox"/> Apply locks and tags<br><input type="checkbox"/> Verify isolation<br><input type="checkbox"/> Secure area with posts and flags<br><input type="checkbox"/> Clean, drain and purge space | <input type="checkbox"/> Establish required ventilation<br><input type="checkbox"/> Review hazards and procedure<br><input type="checkbox"/> Notify available emergency team<br><input type="checkbox"/> Required PPE actively worn<br><input type="checkbox"/> Communication plan works<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Testing prior to entry<br><input type="checkbox"/> Continuous monitoring<br><input type="checkbox"/> Monitor # _____<br><input type="checkbox"/> Monitor # _____<br><input type="checkbox"/> Monitor # _____<br><input type="checkbox"/> Monitor # _____ |
|---|--|---|

| TEST                 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|----------------------|---|---|---|---|---|---|---|---|---|
| O <sub>2</sub> Level |   |   |   |   |   |   |   |   |   |
| Flammability (LEL)   |   |   |   |   |   |   |   |   |   |
| Carbon Monoxide      |   |   |   |   |   |   |   |   |   |
| H <sub>2</sub> S     |   |   |   |   |   |   |   |   |   |
| Sulfur Dioxide       |   |   |   |   |   |   |   |   |   |
| Other                |   |   |   |   |   |   |   |   |   |
| Other                |   |   |   |   |   |   |   |   |   |

Date / Time Work Complete: \_\_\_\_\_ Work Verified By: \_\_\_\_\_ Permit Closed