

Attachment **[number]**

**[Company Name]**

**Confined Space Entry Permit**

Jobsite/Confined Space I.D.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and time issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date and time expires: \_\_\_\_\_\_\_\_

Permit Canceled Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason Permit Canceled: \_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Entry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equipment to be worked on: \_\_\_\_\_\_\_\_\_\_ Work to be performed: \_\_\_\_\_\_\_\_\_

Job supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Standby personnel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_



|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hazards of** |  | **Yes** |  | **No** |  | **Special** |  | **Yes** |  | **No** |
| **Confined** | | |  |  |  | **Requiremen** |  |  |  |  |
| **Space** | | |  |  |  | **ts** |  |  |  |  |
| Oxygen |  |  |  |  |  | Hot work |  |  |  |  |
| deficiency | | |  |  |  | permit |  |  |  |  |
|  |  |  |  |  |  | required |  |  |  |  |
| Combustibl |  |  |  |  |  | Lockout/ |  |  |  |  |
| e gas/ | | |  |  |  | tagout |  |  |  |  |
| vapor | | |  |  |  |  |  |  |  |  |
| Combustibl |  |  |  |  |  | Lines |  |  |  |  |
| e dust | | |  |  |  | broken, |  |  |  |  |
|  |  |  |  |  |  | capped, or |  |  |  |  |
|  |  |  |  |  |  | blanked |  |  |  |  |
| Carbon |  |  |  |  |  | Purge- |  |  |  |  |
| Monoxide | | |  |  |  | flush and |  |  |  |  |
|  |  |  |  |  |  | vent |  |  |  |  |
| Hydrogen |  |  |  |  |  | Secure |  |  |  |  |
| Sulfide | | |  |  |  | area- Post |  |  |  |  |
|  |  |  |  |  |  | and Flag |  |  |  |  |
| Toxic gas/ |  |  |  |  |  | Ventilatio |  |  |  |  |
| vapor | | |  |  |  | n |  |  |  |  |
| Toxic |  |  |  |  |  | Other: |  |  |  |  |
| fumes | | |  |  |  |  |  |  |  |  |
| Skin- |  |  |  |  |  | **Special** |  |  |  |  |
| chemical | | |  |  |  | **Equipment** |  |  |  |  |
| hazards | | |  |  |  |  |  |  |  |  |
| Electrical |  |  |  |  |  | Breathing |  |  |  |  |
| hazard | | |  |  |  | apparatus- |  |  |  |  |
|  |  |  |  |  |  | respirator |  |  |  |  |
| Mechanical |  |  |  |  |  | Escape |  |  |  |  |
| hazard | | |  |  |  | harness |  |  |  |  |
|  |  |  |  |  |  | required |  |  |  |  |



|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Engulfment |  |  |  |  |  | Tripod |  |  |  |  |  |
| hazard |  |  |  |  |  | emergency | | | | | |
|  |  |  |  |  |  | escape | | | | | |
|  |  |  |  |  |  | unit | | | | | |
| Thermal |  |  |  |  |  | Lifelines |  |  |  |  |  |
| hazard |  |  |  |  |  |  |  |  |  |  |  |
| Slip or |  |  |  |  |  | Lighting |  |  |  |  |  |
| fall |  |  |  |  |  |  |  |  |  |  |  |
| hazard |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | PPE— |  |  |  |  |  |
|  |  |  |  |  |  | goggles, | | | | | |
|  |  |  |  |  |  | gloves, | | | | | |
|  |  |  |  |  |  | clothing, | | | | | |
|  |  |  |  |  |  | etc. | | | | | |
|  |  |  |  |  |  | Fire |  |  |  |  |  |
|  |  |  |  |  |  | Extinguish | | | | | |
|  |  |  |  |  |  | er | | | | | |

1. Atmospheric Checks: Time (start/stop)\_\_\_\_\_\_\_\_

Oxygen\_\_\_\_\_\_\_\_%

Explosive \_\_\_\_\_\_\_\_% LFL

Toxic \_\_\_\_\_\_\_\_PPM

1. Tester's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Test instrument(s) used (include name, model, serial number, and date last calibrated):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4. | Source isolation (no entry): | N/A | Yes | No |
|  | Pumps or lines blinded, | ( ) | ( ) | ( ) |
|  | disconnected, or blocked | ( ) | ( ) | ( ) |
| 5. | Ventilation modification: | N/A | Yes | No |
|  | Mechanical | ( ) | ( ) | ( ) |
|  | Natural ventilation only | ( ) | ( ) | ( ) |

1. Atmospheric check after isolation and ventilation:

|  |  |  |  |
| --- | --- | --- | --- |
| Oxygen \_\_\_\_\_\_\_\_\_\_% | > | 19.5 | % |
| Explosive \_\_\_\_\_\_\_% LFL | < | 10 | % |
| Toxic \_\_\_\_\_\_\_\_\_\_\_PPM | < | 10 | PPM H(2)S |
| Time \_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

Tester’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Communication procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Rescue procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 9. Entry, standby, and backup persons: | Yes | | No |  |  |
| Successfully completed required | ( | ) | ( ) | |  |
| training? |  |
| Is it current? | ( | ) | ( | ) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10. Equipment: | N/A | Yes | No |  |
| Direct-reading gas monitor—— | ( ) | ( ) | ( ) |  |
| tested |  |
| Safety harnesses and lifelines | N/A | Yes | No |  |
| ( ) | ( ) | ( ) |  |
| for entry and standby persons |  |
| Hoisting equipment | ( ) | ( ) | ( ) |  |
| Powered communications | ( ) | ( ) | ( ) |  |
| SCBAs for entry and standby | ( ) | ( ) | ( ) |  |
| persons |  |
| Protective clothing | ( ) | ( ) | ( ) |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| All electrical equipment listed | | |  |  |  |  |
| Class I, Division I, Group D | | | ( ) | ( ) | ( ) |  |
| and nonsparking tools | | |  |
| 11. Periodic atmospheric tests: | | | Oxygen | \_\_\_\_% | Time \_\_\_\_ |  |
| Oxygen | \_\_\_\_% | Time \_\_\_\_ |  |
| Oxygen | \_\_\_\_% | Time \_\_\_\_ | Oxygen | \_\_\_\_% | Time \_\_\_\_ |  |
| Explosive | \_\_\_\_% | Time \_\_\_\_ | Explosive | \_\_\_\_% | Time \_\_\_\_ |  |
| Explosive | \_\_\_\_% | Time \_\_\_\_ | Explosive | \_\_\_\_% | Time \_\_\_\_ |  |
| Toxic | \_\_\_\_% | Time \_\_\_\_ | Toxic | \_\_\_\_% | Time \_\_\_\_ |  |
| Toxic | \_\_\_\_% | Time \_\_\_\_ | Toxic | \_\_\_\_% | Time \_\_\_\_ |  |
| Authorized Entrants: | |  |  | Authorized Attendants: | |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |

We have reviewed the work authorized by this permit and the information contained herein. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked in the "No" column. This permit is not valid unless all appropriate items are completed.

Permit prepared by: (supervisor)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: (unit supervisor)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Reviewed by: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| (printed name) | (signature) |  |

This permit is to be kept at the jobsite. Return jobsite copy to the Safety Office following job completion.