

# CLASS "A" AND "B" CONFINED SPACE ENTRY PERMIT

## ENTRY

Time of Entry: Date \_\_\_\_\_ Time \_\_\_\_\_  
 Purpose of entry: Inspection \_\_\_ Cleaning \_\_\_ Maintenance \_\_\_ Repair \_\_\_ Hot work \_\_\_ Other \_\_\_\_\_  
 Brief description of purpose: \_\_\_\_\_ Location of entry \_\_\_\_\_

UF EMPLOYEE	UF EMPLOYEE	OTHERS	OTHERS	OTHERS
Name	Time In/Out	Name	Company	Time In/Out

## EVALUATION

Does space contain a flammable or combustible gas or liquid? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Does space contain dry explosive dusts or ignitable residues? Yes \_\_\_\_\_ No \_\_\_\_\_  
*If "yes" is the answer to either of the previous two questions, clean, cover, or remove contaminants so tests show no possibility of flames or sparks igniting dry dusts, residues, or flammable gases or vapors.*  
 Is the level of flammable or combustible gases and vapors in the space and adjacent areas well below 10% of the LFL? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Type & S/N of sampling equipment-Model: \_\_\_\_\_ S/N: \_\_\_\_\_ Calibration date: \_\_\_\_\_

ATMOSPHERIC PARAMETERS	OPENING	MIDDLE	BOTTOM	OTHER	SAFE LIMIT
% Oxygen					>19.5% & <21%
% LFL					<10%
Toxic					< PEL or TLV

**\*\*Additional readings on back\*\***

Have all energy sources been locked and tagged? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Is there any possibility of entrapment or engulfment by particulate matter? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, have provisions been made to work safely in such an area? Yes \_\_\_\_\_ No \_\_\_\_\_

## PREPARATION

Have all personnel been adequately trained to work safely? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have all personnel gone through a pre-entry briefing? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Is the area secure with barricades, and attendant posted? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Do entry personnel have body harness and lifeline, if required? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Do all personnel have required protective equipment (PPE)? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Are there first-aid supplies and rescue provisions? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Is ventilation provided to adequately remove gases/vapors to a safe area? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Are all ventilators and electrical equipment intrinsically safe and approved for the space? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Communication devices to be used: \_\_\_\_\_ Equipment to be provided: \_\_\_\_\_

## HOT WORK (if applicable)

Are hot work signs posted? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Has a fire watch been posted with portable fire extinguisher during, and 30 minutes after, work in all hot work areas? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Is space inerted? Yes \_\_\_ No \_\_\_ (If "Yes", with what gas? CO<sub>2</sub> \_\_\_ N<sub>2</sub> \_\_\_ Steam \_\_\_ Other \_\_\_\_\_)

If inerting is done to control the flammable gas or vapor, continuous monitoring shall be done to assure the O<sub>2</sub> level meets the specification of ANSI/NFPA 306-1992 (must be <5% by volume).

**I certify that the above conditions are accurate and validate the entry only for the stated purpose, time, and identified employees, not to exceed work for one shift. If any question was answered "No" and a satisfactory answer was not given, do not issue permit.**

Entry supervisor's name (print) \_\_\_\_\_ Signature \_\_\_\_\_