

Confined Space Entry Permit

Entry Date: _____ Start Time: _____ Completion Time: _____

Description of Work to be Performed: _____

Description of Space

Confined Space ID Number: _____ Type: _____ Classification _____

Building Name _____

Location of Confined Space: _____

Entry Checklist

- | | | |
|---------------------------------------------------|------------------------------|-----------------------------|
| Potential Hazards Identified? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Communications Established with Operations Center | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Emergency Procedures Reviewed? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Entrants and Attendants Trained? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Isolation of Energy Completed? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Area Secured? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Emergency Escape Retrieval Equipment Available | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Personal Protective Equipment Used? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Confined Space Equipment and PPE Used During Entry:

- | | | |
|--------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Tripod with Mechanical Winch | <input type="checkbox"/> Air Purifying Respirator | <input type="checkbox"/> Gloves |
| <input type="checkbox"/> Rescue Tripod with Lifeline | <input type="checkbox"/> Self Contained Breathing Apparatus | <input type="checkbox"/> Chemical Resistant Clothing |
| <input type="checkbox"/> Harness | <input type="checkbox"/> Steel Toe Boots | <input type="checkbox"/> Hearing Protection |
| <input type="checkbox"/> Two-Way Communications | <input type="checkbox"/> Hard Hat | |
| <input type="checkbox"/> General / Local Exhaust Ventilation | <input type="checkbox"/> Safety Glasses / Goggles / Face Shield | Other PPE or Equipment Used: _____ |

Air Monitoring Results Prior to Entry

Monitor Type: _____ Serial Number: _____

Oxygen _____ % LEL _____ % CO _____ % H2S _____ %

Calibration Performed? YES NO Initials _____

Alarm Conditions? YES NO

Monitoring Performed by (sign): _____ Date: _____ Time: _____

Continuous Air Monitoring Results

Time _____ Oxygen _____ % LEL _____ % CO _____ % H2S _____ %

Time _____ Oxygen _____ % LEL _____ % CO _____ % H2S _____ %

Time _____ Oxygen _____ % LEL _____ % CO _____ % H2S _____ %

Time _____ Oxygen _____ % LEL _____ % CO _____ % H2S _____ %

Authorization

We have reviewed the work authorized by this permit and the information contained here-in. 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. This permit is to be kept at the job site. Return site copy to supervisor.

Entrants Name _____ Signature: _____ Date: _____

Attendants Name _____ Signature: _____ Date: _____

Supervisors Name: _____ Signature: _____ Date: _____