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? □ YES □ NO
Communications Established with Operations Center □ YES □ NO
Emergency Procedures Reviewed? □ YES □ NO
Entrants and Attendants Trained? □ YES □ NO
Isolation of Energy Completed? □ YES □ NO
Area Secured? □ YES □ NO
Emergency Escape Retrieval Equipment Available □ YES □ NO
Personal Protective Equipment Used? □ YES □ NO

Confined Space Equipment and PPE Used During Entry:

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

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 ________ %
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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 squared 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: _______