CONFINED SPACE ENTRY PERMIT

DEPARTMENT: __________________  LOCATION: ___________________________  DATE: ___________________  

TYPE OF CONFINED SPACE: __________________________  PERMIT EXPIRATION DATE/TIME: ______________

DESCRIPTION OF WORK TO BE PERFORMED: _______________________________________________________

NATURE OF HAZARDS IN CONFINED SPACE: (check)

_____ Oxygen deficiency (less than 19.5%)
_____ Oxygen enrichment (greater than 22%)
_____ Flammable gases or vapors (greater than 10% LEL)
_____ Toxic gases or vapors (greater than permissible exposure limit)
_____ Mechanical hazards
_____ Materials harmful to the skin
_____ Being engulfed
_____ Other _______________________________

PREPARATION: (Check)

_____ Notify affected department of service interruption
_____ Isolate – blanked or double valve, with lock and tag
_____ Zero energy state (Lock out all energy sources)
_____ Cleaned, drained, washed and purged
_____ Ventilation to provide fresh air
_____ Emergency response team available
_____ Employees informed of specific confined space hazards
_____ Procedures reviewed with each employee
_____ Atmospheric Test in compliance
_____ Attach hot work permit
_____ Other _______________________________
_____ Other _______________________________

EQUIPMENT REQUIRED FOR ENTRY AND WORK: (Check)

_____ Respirator
_____ Lifeline and safety harness
_____ Protective clothing
_____ Hearing protection
_____ Spark resistant tools
_____ Other _______________________________

ELECTRICAL EQUIPMENT/TOOLS:

_____ Low voltage
_____ Ground fault current interrupters
_____ Approved for hazardous locations

Rescue equipment (specify) _____________________________

Communications (specify) ______________________________

Respiratory protection (specify) __________________________

AUTHORIZED ENTRANTS:

______________________
______________________
______________________
______________________

AUTHORIZED ATTENDANTS:

______________________
______________________
______________________
______________________

TEST

1. Oxygen
2. Flammability
3. H2S
4. CO
5. Toxic – specify
6. Heat
7. Other

LIMITS
1. 19.5% - 22%
2. 10% LEL
3. 10 ppm
4. 35 ppm
5. ______ o F
6. ______
7. ______

Check if required: 1. ______ 2. ______ 3. ______ 4. ______ 5. ______ 6. ______ 7. ______

RESULT am pm 1. ______ 2. ______ 3. ______ 4. ______ 5. ______ 6. ______ 7. ______

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H2S = Hydrogen Sulfide; CO = Carbon Monoxide

Name of employee conducting atmospheric monitoring: ______________________________

AUTHORIZATION: I certify that all required precautions have been taken and the necessary equipment is provided for safe entry and work in this confined space.

NAME (Print): ____________________________, SIGNATURE: __________________________, DATE: _____________, TIME: ____________