

# Confined Space Entry Permit

To be posted at the confined space entrance during entry

Confined Space Location/Name:	Permit Issue Date & Time:
Work to be Performed:	Permit Expiration Date & Time:
Hot Work? <input type="checkbox"/> Y <input type="checkbox"/> N    If yes, complete Hot Work Permit in addition to Confined Space Permit	

Supervisor in Charge:	
Name(s) of Entrant(s):	
Name(s) of Attendant(s):	
Rescue / Standby Personnel #1:	Rescue / Standby Personnel #2:

<b>Rescue Procedures</b>	
<b>Listed in Preferred Order</b>  1. Self-Rescue (Ladder, etc.) 2. Non-Entry Rescue (Retrieval system, Tripod & Winch, e.g.) 3. Entry Rescue <b><u>CALL 911!</u></b>	<b>Rescue Equipment</b> <input type="checkbox"/> Rescue SKED board <input type="checkbox"/> Rope & pulley system <input type="checkbox"/> Tripod <input type="checkbox"/> Winch <input type="checkbox"/> Ladder <input type="checkbox"/> Self-retracting lanyard <input type="checkbox"/> Davit arm <input type="checkbox"/> Davit arm mount/base <input type="checkbox"/> Full body harness <input type="checkbox"/> Bosun chair <input type="checkbox"/> Wristlets <input type="checkbox"/> Rescue team (on-standby) <input type="checkbox"/> Lifeline <input type="checkbox"/> Other:

<b>Typical Hazards</b> <input type="checkbox"/> Oxygen deficiency <input type="checkbox"/> Oxygen enrichment <input type="checkbox"/> Flammable gas/vapors <input type="checkbox"/> Dust <input type="checkbox"/> Toxic gases, vapors, fumes, etc. <input type="checkbox"/> Engulfment (by liquid or solid) <input type="checkbox"/> Entrapment <input type="checkbox"/> Mechanical hazards <input type="checkbox"/> Electrical hazards <input type="checkbox"/> Biological hazards (insects, waste, pathogens) <input type="checkbox"/> Noise <input type="checkbox"/> Heat/cold <input type="checkbox"/> Hazardous materials/chemicals <input type="checkbox"/> Vehicle traffic <input type="checkbox"/> Adjacent work activities <input type="checkbox"/> Welding (UV light, gases, etc.) <input type="checkbox"/> Other:	<b>Entry Procedures/ Equipment</b> <input type="checkbox"/> Ventilation/Purging eqpt. <input type="checkbox"/> Portable ladders <input type="checkbox"/> Barriers <input type="checkbox"/> Guarded openings <input type="checkbox"/> Radios <input type="checkbox"/> Lighting / Illumination <input type="checkbox"/> SDS at work site <input type="checkbox"/> Locks & tags (LOTOTO) <input type="checkbox"/> Blocking / Securing <input type="checkbox"/> GFCI equipment <input type="checkbox"/> Traffic barricades <input type="checkbox"/> Portable eye wash <input type="checkbox"/> Cleaning / Pressure Washers / Vac Truck <input type="checkbox"/> Grounding / Bonding <input type="checkbox"/> Explosion proof lights <input type="checkbox"/> Spark resistant tools <input type="checkbox"/> Other:	<b>Personal Protective Equipment</b> <input type="checkbox"/> Hard hat <input type="checkbox"/> Safety footwear <input type="checkbox"/> Safety glasses <input type="checkbox"/> Air purifying respirator <input type="checkbox"/> PAPR <input type="checkbox"/> Half-mask <input type="checkbox"/> Hearing protection <input type="checkbox"/> Face shield <input type="checkbox"/> Goggles <input type="checkbox"/> Leather gloves <input type="checkbox"/> Rubber / Nitrile gloves <input type="checkbox"/> Full body harness with lanyard <input type="checkbox"/> Cooling vests <input type="checkbox"/> Knee pads / Elbow pads <input type="checkbox"/> Tyvek suit / Chemical resistant suit <input type="checkbox"/> Other:
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<b>Pre-Entry Checklist</b> <input checked="" type="checkbox"/> As completed
N/A    YES
<input type="checkbox"/> <input type="checkbox"/> Initial air test completed
<input type="checkbox"/> <input type="checkbox"/> Double block & bled
<input type="checkbox"/> <input type="checkbox"/> Piping blanked or disconnected & valves closed and secured
<input type="checkbox"/> <input type="checkbox"/> Energy sources locked out
<input type="checkbox"/> <input type="checkbox"/> Mechanical hazards secured or blocked from movement

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## Pre-Entry Checklist

As completed

N/A YES

- Residual energy released
- System tested to ensure fully locked out
- Atmosphere purged, or ventilation utilized
- Emergency rescue procedures established
- Emergency rescue equipment set up at point of entry
- Personal protective equipment issued and worn
- Checklist and safe work procedures reviewed with Entrants
- Checklist and safe work procedures reviewed with Entry Attendant

## Special Instructions / Comments:

## Atmospheric Testing

Instrument Name	Type	Model #	Serial #	Calibrated? <input type="checkbox"/> Y <input type="checkbox"/> N	Calibration Date
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Parameter <small>Record every hour</small>	Permissible	Sampler Initials	Initial Reading	Time	Reading	Time	Rea ding	Time	Reading	Time
% Oxygen	19.5% - 23%									
% LEL	< 10%									
Carbon Monoxide	25 ppm									
Hydrogen Sulfide	10 ppm									
Parameter <small>Record every hour</small>	Permissible	Initials	Reading	Time	Reading	Time	Rea ding	Time	Reading	Time
% Oxygen	19.5% - 23%									
% LEL	< 10%									
Carbon Monoxide	25 ppm									
Hydrogen Sulfide	10 ppm									

## Authorization of Entry

Confined Space Supervisor Signature:  
*(Open Confined Space Entry Permit)*

Time:

Confined Space Supervisor Signature:  
*(Closing Confined Space Entry Permit)*

Time:

**Forward completed forms to Safety Department**