

CONFINED SPACE ENTRY PERMIT



DATE OF WORK: _____ PERMIT VALID FROM: (TIME) _____ TO _____

LOCATION OF CONFINED SPACE: _____

SCOPE OF WORK / REASON FOR ENTRY: _____

CONFINED SPACE ROLES

	INITIALS		INITIALS
ATTENDANT: _____		ENTRY SUPERVISOR: _____	
RELIEF ATTENDANT: _____		RELIEF ENTRY SUPERVISOR: _____	
RELIEF ATTENDANT: _____		RELIEF ENTRY SUPERVISOR: _____	

AUTHORIZED ENTRANTS	INITIALS	AUTHORIZED ENTRANTS	INITIALS	AUTHORIZED ENTRANTS	INITIALS

COMMUNICATION METHOD TO BE USED: _____

*ALL PARTICIPANTS MUST INITIAL NEXT TO THEIR NAMES TO CONFIRM TRAINING AND THAT THEY HAVE BEEN ADVISED OF THE POTENTIAL HAZARDS, SYSTEMS, AND CONSEQUENCES OF THE CONFINED SPACE ENTRY AND THE INITIAL ATMOSPHERIC READINGS.

ENTRY CHECKLIST

*INITIAL OR WRITE "N/A" FOR EACH ITEM.

PIPELINES ISOLATED(LOTO), BLINDED, AIR GAPPED, BLOCKED		FIRE EXTINGUISHERS & OTHER EQUIPMENT IN PLACE	
ELECTRICAL LINES & ATTACHMENTS DEENERGIZED, TRIED		VENTILATION SYSTEM IN PLACE AND OPERATIONAL	
SYSTEMS, VESSELS, LINES DRAINED, PURGED, CLEANED		RESCUE SYSTEM IN PLACE AND OPERATIONAL	
AREA SECURED, BARRICADED, POSTED		LIFELINES AND OTHER FALL PROTECTION IN PLACE	
SAMPLING AND TESTING EQUIPMENT CALIBRATED, TESTED		LIGHTING IS EXPLOSION PROOF, 12 VOLT, APPROVED TYPE	
LOCKOUT/TAGOUT IN PLACE, SYSTEMS TRIED		PROTECTIVE CLOTHING APPROPRIATE AND AVAILABLE	
PUMPS, MIXERS DEENERGIZED, LOCKED & TAGGED		SPECIAL PPE AVAILABLE AT LOCATION	
SAFETY SHOWER/EYEWASH LOCATION KNOWN TO CREW		RESPIRATORY PROTECTION SET UP AND INSPECTED	
SDS SHEETS AVAILABLE		OTHER PERMITS TO PERFORM WORK HAVE BEEN ISSUED	
EACH CREW MEMBER TRAINED		EMERGENCY PLAN IN PLACE	
RESPIRATORS FIT CHECKED PRIOR TO ENTRY		EXPOSURE LIMITS ARE KNOWN TO CREW	
COMMUNICATION SYSTEM IN PLACE		PRE-ENTRY TESTING AND SAMPLING IS COMPLETE	
		PLANT MANAGER/SAFETY DIR APPROVED ENTRY	

EMERGENCY INFORMATION

FIRE CALL: _____	AMBULANCE CALL: _____	RESCUE CALL: _____
PLANT EMERGENCY CONTACT(S): _____		
RESCUE METHOD TO BE USED: _____		
PROVIDER OF RESCUE OPERATIONS: _____		

CONFINED SPACE ENTRY PERMIT



ATMOSPHERIC TESTING

READINGS ARE TO BE TAKEN CONTINUOUSLY AND RECORDED EVERY 15 MIN.				TESTER'S NAME: _____				
COMPONENT	LIMITS	INITIAL READING	READING/TIME	READING/TIME	READING/TIME	READING/TIME	READING/TIME	READING/TIME
O ₂	19.5 – 23.5%							
EXPLOSIVES	< 10% LEL							
H ₂ S	< 10 PPM							
CO	< 50 PPM							
OTHER	PEL							
OTHER	PEL							
OTHER	PEL							

*ADDITIONAL RECORDINGS, IF NEEDED, SHOULD BE ATTACHED TO A SEPARATE SHEET.

BRAND OF INSTRUMENTS	TYPE / MODEL	SERIAL #	DATE CALIBRATED
INDUSTRIAL SCIENTIFIC	VENTIS PRO		

PPE *INITIAL OR WRITE "N/A" FOR EACH ITEM.

SAFETY GLASSES		CARTRIDGE RESPIRATORS	
HARD HATS		SUPPLIED AIR RESPIRATORS	
GLOVES		SELF CONTAINED BREATHING APPARATUS (SCBAs)	
FALL PROTECTION		OTHER (LIST):	
BOOTS			
HIP WADERS			
PROTECTIVE SUITS			
FACE SHIELDS			

AUTHORIZATION

PLANT MANAGER NAME & TELEPHONE #: _____

COMPANY SAFETY CONTACT NAME & TELEPHONE #: _____

THE SIGNATURES BELOW INDICATE ALL ACTIVITIES AND REQUIREMENTS HAVE BEEN COMPLETED AND AUTHORIZATION IS GIVEN FOR WORK TO COMMENCE.

 AUTHORIZING SUPERVISOR'S SIGNATURE

 PLANT MANAGER'S SIGNATURE

END ENTRY

DATE WORK COMPLETED: _____ TIME COMPLETED: _____

THE ATTENDANT IS RESPONSIBLE FOR MAINTAINING THIS PERMIT AT THE WORK LOCATION. THE SUPERVISOR IS RESPONSIBLE FOR RETURNING THIS PERMIT TO THE SAFETY DEPARTMENT WHEN THE WORK IS COMPLETE.