Confined Space Entry Permit

SPACE NUMBER

SITE LOCATION

DESCRIPTION OF CONFINED SPACE

NATURE OF WORK/REASON FOR ENTRY

☐ Other permits required? i.e. Hotwork List permit(s):

PERMIT PULLED #

Date: Time: Duration (i.e. 10 hours):

Name: Signature:

Entrant Supervisor is responsible for:

- Preparing and/or ensuring the accuracy of this permit before entry
- That this permit is properly closed
- The space has been secured

EMERGENCY PHONE NUMBERS AND CONTACT INFORMATION

Ambulance: 911 **Fire:** 911 **Security:**

☐ Rescue Team on Site Rescue Contact: Number:

ENTRY SUPERVISOR'S VERIFICATION CHECK LIST (Check items that apply and/or is under control)

ATMOSPHERIC HAZARD IDENTIFICATION

☐ Air monitoring instrument available

☐ Air monitoring locations specified ☐ Top ☐ Middle ☐ Bottom ☐ Opening ☐ Inside w/ Entrant

☐ Air monitoring frequencies specified ☐ Continuously ☐ Periodically

☐ Action levels have been established for specific contaminants ☐ See attached

VENTILATION

☐ Adequate pre-entry ventilation has been completed: ☐ Natural ☐ Mechanical ☐ N/A

☐ Adequate ventilation will continue during entry: ☐ Natural ☐ Mechanical ☐ N/A

COMMUNICATION SYSTEMS ESTABLISHED BETWEEN:

☐ Attendant and Entrant Supervisor ☐ Radio ☐ Phone ☐ Verbal ☐ Sight ☐ Alarm ☐

☐ Attendant and Rescue Team ☐ Radio ☐ Phone ☐ Verbal ☐ Sight ☐ Alarm ☐

☐ Attendant and Entrants ☐ Radio ☐ Phone ☐ Verbal ☐ Sight ☐ Alarm ☐

OTHER HAZARDS

☐ Temperature, noise, biological/blood-borne pathogen or engulfment hazards eliminated/controlled

☐ Lighting system properly addressed (i.e. explosion-proof, 12v, flash light or helmet, GFCI, etc.)

☐ Intrinsically safe tools, instruments and equipment required

☐ **Hazard Analysis attached**

TYPE OF AIR MONITOR	SERIAL #	LAST CALIBRATION

Atmospheric Monitoring

Beginning atmospheric reading: to be performed before entry and/or mechanical ventilation

ACCEPTABLE READINGS AND UNITS OF MEASURE		INITIAL	15 MIN	30 MIN	1 HOUR	2 HOUR	3 HOUR	4 HOUR	5 HOUR	6 HOUR	7 HOUR	8 HOUR	FINAL
	TIME OF READING:												
OXYGEN:	19.5% TO 23.5%												
LOWER EXPLOSIVE LIMIT (LEL) :	< 10%												
CARBON MONOXIDE (CO):	< 35 PPM												
HYDROGEN SULFIDE (H_2S):	< 10 PPM												
OTHER:	<												
TEMPERATURE:	°F												
	AIR SAMPLER INITIALS:												

Personnel Assignments

☐ Check this box if an Accountability Log accompanies this permit

AUTHORIZED ENTRANT(S)	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT
1:												
2:												
3:												
4:												
5:												
6:												
7:												
8:												
9:												
10:												

AUTHORIZED ATTENDANT(S)	ON DUTY	OFF DUTY	ON DUTY	OFF DUTY
1:				
2:				
3:				

• Attendant leaving space or not performing Attendant duties is grounds for disciplinary action.

ENTRY SUPERVISOR(S)	ON DUTY	OFF DUTY	ON DUTY	OFF DUTY
1:				
2:				

NOTES/COMMENTS

☐ **PERMIT CLOSED**

NAME	DATE	TIME	SIGNATURE