



CONFINED SPACE ENTRY PERMIT

Date issued:		Time:		Date Expired:		Time:	
Location:				Description:			
Purpose of Entry:						Department:	
Authorized Entrant(s):				Authorized Attendant(s):			
Time of Physical Entry:				Time of Completion (All Clear):			
ATMOSPHERIC TEST DATA							
TEST	PRE-ENTRY RESULTS	CONTINUOUS TESTING RESULTS					
Oxygen (19.5-22%)							
% LEL (<10%)							
CO (<25ppm)							
H2S (<10ppm)							
TIME							
1)							
2)							
Pre-Entry Testing By:				Date:		Time:	
INSTRUMENT	MODEL	SERIAL#	CAL DATE/TIME		PASSED GAS-CAL		
					Yes	No	
					Yes	No	
REQUIRED SAFETY CONTROLS							
REQUIRMENT	YES	NO	COMMENTS - CONTROL MEASURES - EQUIPMENT				
ATTENDANT							
Respiratory Protection							
Protective Clothing							
PPE							
Fire Extinguisher							
Non-Entry Rescue Equip							
Lockout/Tagout							
Ventilation							
Follow-Up Testing							
Workers Trained?							
Other Controls:							
COMMENTS ARE REQUIRED IF THE YES BOX IS CHECKED							
Communication Method:		Visual	Direct	Verbal	Phone	Radio	Air horne
Emergency Contact:				Phone:			
IS SIGNAGE POSTED:		YES	NO	OTHER COMMENTS:			
Entry Supervisor Signature:				Confined Space Clear (Entry Supervisor Signature:			
Printed Name:				Printed Name:			
THIS PERMIT MUST REMAIN AT ENTRY POINT(S) UNTIL WORK IS COMPLETED. ONLY AUTHORIZED AND TRAINED ENTRANTS LISTED ON PERMIT MAY ENTER. PERMIT MUST BE FILLED OUT COMPLETELY BEFORE ENTRY.							