

APEX RESCUE GROUP CONFINED SPACE ENTRY PERMIT

DATE/TIME OF ENTRY:	LOCATION OF CONFINED SPACE: SPACE ID:
DATE/TIME OF EXPIRATION:	DESCRIPTION OF SPACE: () MANHOLE () VAULT () PIT () TANK () CRAWLSPACE () OTHER _____
PERMIT#:	NOTIFICATIONS: () RESCUE TEAM () 911 FIRE () OPS CONTROL () SAFETY FD (Do not use 911) - RESCUE TEAM-
DESCRIPTION OF WORK TO BE DONE:	

HAZARDS ASSOCIATED WITH SPACE (✓) CHECK ALL APPLICABLE

<input type="checkbox"/> ATMOSPHERIC	<input type="checkbox"/> LIVE ELECTRICAL	<input type="checkbox"/> AT HEIGHT	<input type="checkbox"/> DISTANCE/REMOTE LOCATION
<input type="checkbox"/> BIOLOGICAL/CHEMICAL/TOXIC	<input type="checkbox"/> ACTIVE STEAM	<input type="checkbox"/> ENGULFMENT/ENTRAPMENT	
<input type="checkbox"/> HOT WORK	<input type="checkbox"/> STORED ENERGY	<input type="checkbox"/> THERMAL (ENVIRONMENTAL)	

PERMITS and OTHER PRE-PROCEDURE REQUIRED (✓) CHECK ALL APPLICABLE

<input type="checkbox"/> HOT WORK PERMIT	<input type="checkbox"/> LOCK OUT TAG OUT	<input type="checkbox"/> PURGE/FLUSH&VENT	<input type="checkbox"/> PRE-JOB BRIEF	<input type="checkbox"/> COMM CHECKS
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REQUIRED SPECIAL PRECAUTIONS and PERSONAL PROTECTIVE EQUIPMENT REQUIRED

REQUIRED SPECIAL PRECAUTIONS	✓	REQUIRED PPE	✓	COMMUNICATION	VERBAL	RADIO	PHONE	OTHER
MECHANICAL VENTILATION	<input type="checkbox"/>	HARD HAT	<input type="checkbox"/>	ENTRANT(S)				
RESCUE EQUIPMENT	<input type="checkbox"/>	SAFETY GLASSES	<input type="checkbox"/>	RESCUE TEAM				
LIFELINE	<input type="checkbox"/>	EAR PROTECTION	<input type="checkbox"/>					
TRIPOD/RETRIEVAL SYSTEM	<input type="checkbox"/>	GLOVES	<input type="checkbox"/>	IF HARNESS OR LIFELINE NOT USED, REASON MUST BE DOCUMENTED.				
SPARK PROOF TOOLS	<input type="checkbox"/>	HARNESS	<input type="checkbox"/>					
FIRE EXTINGUISHER	<input type="checkbox"/>	FR RATED CLOTHING	<input type="checkbox"/>					
LIGHTING	<input type="checkbox"/>	TYVEK / WADERS	<input type="checkbox"/>					
PERSONAL AIR MONITOR (IN ADDITION TO ENTRY MONITOR)	<input type="checkbox"/>	RESPIRATOR CARTRIDGE () AIR SUPPLIED ()	<input type="checkbox"/>					
AIRHORNS/ EARLY ALERT SYSTEM	<input type="checkbox"/>		<input type="checkbox"/>					

AIR MONITORING EQUIPMENT DATA & GAS CYLINDER

MANUFACTURE	MODEL	INSTRUMENT #	CALIBRATION/ EXPIRATION DATE

ATMOSPHERIC TESTING DATA

DATE	TIME	O ₂ (19.5%-23.5%)	CO (<35 PPM)	H ₂ S (<10 PPM)	LEL (<10%)	OTHER	TESTED BY (INITIALS)

PERMIT AUTHORIZATION:

ENTRY SUPERVISOR

SIGNATURE

DATE & TIME

PERMIT NOT VALID UNTIL COMPLETED AND SIGNED BY ENTRY SUPERVISOR

DATE	NAME	A/E/R	IN	OUT

ADDITIONAL INFORMATION