



CONFINED SPACE PERMIT

Date:	Time Issued:
Location:	Job#
Issuing Supt.	Issued to:
Know hazards:	Time Expires:

Note this is approved once the Issuing Supt. signs above on the permit.

No one will enter the confined space without permission.

Required Equipment	Yes	No	Required Equipment	Yes	No
Warnings/Barricades			Fire Extinguisher		
Tripod & Winch			Harness		
Lifeline			Hazardous Lighting		
Ventilation Required			Electrical Protection		
Lockout/Tagout			Hard Hat		
Safety Glasses			Face Shield		
Goggles			Hearing Protection		
Boots			Rubber Boots		
Protective Clothing			Ladder		
SCBA Required			Airline Work Unit		

Special P.P.E. Required not listed above

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Possible Emergency Situations

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Attendant must be trained and remain in place at all times when employees are in the confined space.

Attendant:	Alternate:
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Entrants must be trained to recognize the hazards and how it will affect them.

Entrant:	Entrant:
Entrant:	Entrant:
Entrant:	Entrant:
Entrant:	Entrant:

Did you have any problems? Yes or No	Did the work have to STOP? Yes or No
Was the issues resolved? Yes or No	Did you complete the task? Yes or No
Ending Supt.	Time Ended:

Atmospheric Monitoring Information

Gas Monitor Make:	Serial Number:
Calibrated date:	Person testing:

Gas monitor readings must remain at or below these levels:

Oxygen 19.5% to 23.5%	LEL 0 to less than 10%
Carbon Monoxide 0 to less than 35% PPM	H ₂ S 0 to less than 10 PPM
California Carbon Monoxide to less than 25% PPM	

