



Confined Space Entry Permit

A confined space has limited or restricted means for entry or exit and is not designed for continuous occupancy. OSHA uses the term "permit-required confined space" (permit space) to describe a confined space that has one or more of the following characteristics:

- Contains (or has the potential to contain) a hazardous atmosphere
- Contains a material that has the potential to engulf an entrant
- Has walls that converge inward or floors that slope downward and taper into a smaller area that could trap or asphyxiate an entrant
- Contains any recognized safety or health hazard, such as unguarded machinery, exposed live wires or heat stress

Confined Space Entry Permit

Date and Time Issued: _____ Date and Time Expires: _____

Jobsite: _____ Job Supervisor: _____

Area of work: _____ Work to be performed: _____

Stand-by personnel: _____

Atmospheric Checks: Time _____

Oxygen	_____	%
Explosive	_____	%L.F.L.
Toxic	_____	PPM

Tester's signature: _____

Source isolation (No Entry):	N/A	Yes	No
Pumps or lines blinded disconnected, or blocked	_____	_____	_____

Ventilation Modification:			
Mechanical	_____	_____	_____
Natural Ventilation only	_____	_____	_____

Atmospheric check after isolation and Ventilation:

Oxygen	_____	% > 19.5 %
Explosive	_____	%L.F.L. < 10%
Toxic	_____	PPM <10 PPM H(2)S

Time _____

Tester's signature: _____

Communication procedures: _____

Rescue procedures: _____

Entry, standby, and back up persons:	Yes	No
Successfully completed required training?	_____	_____
Is it current?		

Equipment:	N/A	Yes	No
Direct reading gas monitor – tested	_____	_____	_____
Safety harnesses and lifelines for entry and standby persons	_____	_____	_____
Hoisting equipment	_____	_____	_____
Powered communications	_____	_____	_____
SCBA's for entry and standby person's	_____	_____	_____
Protective Clothing	_____	_____	_____
Non-sparking tools	_____	_____	_____

Periodic atmospheric tests:							
Oxygen	_____%	Time	_____	Oxygen	_____%	Time	_____
Oxygen	_____%	Time	_____	Oxygen	_____%	Time	_____
Explosive	_____%	Time	_____	Explosive	_____%	Time	_____
Explosive	_____%	Time	_____	Explosive	_____%	Time	_____
Toxic	_____%	Time	_____	Toxic	_____%	Time	_____
Toxic	_____%	Time	_____	Toxic	_____%	Time	_____

We have reviewed the work authorized by this permit and the information contained herein. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any items are marked in the "No" column. This permit is not valid unless all appropriate items are completed.

Permit Prepared By: _____

Approved By: _____

Reviewed By: _____	_____
(printed name)	(signature)

This permit to be kept at jobsite. Return jobsite copy to Home Office following job completion.

ENTRY PERMIT
PERMIT VALID FOR 8 HOURS ONLY.
ALL COPIES OF PERMIT WILL REMAIN AT JOB SITE UNTIL JOB IS COMPLETED

DATE: _____ JOBSITE: _____
 PURPOSE OF ENTRY: _____
 FOREMAN: _____
 COMPETENT PERSON: _____
 RESCUE PROCEDURES: _____

PRIOR TO ENTRY

REQUIREMENTS COMPLETED	DATE	TIME
Lock Out/De-energize/Tag-out	_____	_____
Line(s) Broken-Capped-Blanked	_____	_____
Purge-Flush and Vent	_____	_____
Ventilation	_____	_____
Secure Area (Post and Flag)	_____	_____
Breathing Apparatus	_____	_____
Resuscitator – Inhalator	_____	_____
Standby Safety Personnel	_____	_____
Full Body Harness	_____	_____
Emergency Escape Retrieval Equip	_____	_____
Lifelines	_____	_____
Fire Extinguishers	_____	_____
Lighting (Explosive Proof)	_____	_____
Protective Clothing	_____	_____
Respirator(s) (Air Purifying)	_____	_____
Burning and Welding Permit	_____	_____

Note: Items that do not apply enter N/A in the blank.

****RECORD CONTINUOUS MONITORING RESULTS EVERY 2 HOURS****

CONTINUOUS MONITORING**	Permissible _____
TEST(S) TO BE TAKEN	Entry Level _____
PERCENT OF OXYGEN	19.5% to 23.5% _____
LOWER FLAMMABLE LIMIT	Under 10% _____
CARBON MONOXIDE	+35 PPM _____
Aromatic Hydrocarbon	+ 1 PPM * 5PPM _____
Hydrogen Cyanide	(Skin) * 4PPM _____
Hydrogen Sulfide	+10 PPM *15PPM _____
Sulfur Dioxide	+ 2 PPM * 5PPM _____
Ammonia	*35PPM _____

***Short-term exposure limit: Employee can work in the area up to 15 minutes.**

***8 hr. Time Weighted Avg.: Employee can work in area 8 hrs. (longer with appropriate respiratory protection).**

REMARKS: _____

GAS TESTER NAME	INSTRUMENT(S) USED	MODEL &/OR TYPE	SERIAL &/OR UNIT #
_____	_____	_____	_____

SAFETY STANDBY PERSON IS REQUIRED FOR ALL CONFINED SPACE WORK

SAFETY STANDBY PERSON(S)

PERSON RESPONSIBLE AND AUTHORIZED - ALL CONDITIONS SAFE AND SATISFIED:

PRINTED NAME

SIGNATURE

DATE