

## CONFINED SPACE ENTRY PERMIT

Permit valid for eight hours unless otherwise noted on the form. This document will be posted at entry portal until job/task is completed.

All requirements must be completed and reviewed prior to entry. Enter yes, or for items that do not apply, N/A; circle items that apply. If any items are marked no, do not enter space - leave no space blank.

| <b>REVIEW ALL ITEMS AND CIRCLE THOSE THAT APPLY OR WRITE IN SITE SPECIFIC ITEMS</b> | <b>YES</b> | <b>NO or N/A</b> |   | <b>YES</b> | <b>NO or N/A</b> |
|---|------------|------------------|---|------------|------------------|
| Line(s) broken, blanked, capped, blocked and bleed                                  |            |                  | Lockout, tagout, tried to start equipment               |            |                  |
| Other work permits: Painting, welding, lift other _____                             |            |                  | Protective clothing _____                               |            |                  |
| Mechanical ventilation: Positive, negative, at source                               |            |                  | SCBA, air line respirators, escape bottle               |            |                  |
| Natural ventilation   |            |                  | Hot work permit   |            |                  |
| Secure area: flags, posts, barricades, other _____                                  |            |                  | Air purifying respirator and cartridges                 |            |                  |
| Full body or chest harness with "D" ring  |            |                  | Communication equipment, voice radio _____              |            |                  |
| Tripod with wench condition _____   |            |                  | Head, eye, hearing, hand, foot, face, protection        |            |                  |
| Lifelines condition _____   |            |                  | All electric, lights, tools, Class I Group I Division D |            |                  |
| Fire extinguishers  |            |                  | Flushing, clearing, purging                             |            |                  |

**Continuously monitor. Record your findings at least every two hours. Watch for trends.**

| <b>Tests to be taken</b> | <b>TLV, PEL, SDS, other _____</b> | <b>TEST 1</b> | <b>TEST 2</b> | <b>TEST 3</b> | <b>TEST 4</b> |
|--------------------------|-----------------------------------|---------------|---------------|---------------|---------------|
| Oxygen                   | 19.5-23.5% PEL                    |               |               |               |               |
| Combustible Gases        | Below 10% of LFL                  |               |               |               |               |
| Carbon Monoxide          | 0-50 PPM PEL (0-25 PPM TLV)       |               |               |               |               |
| Hydrogen Sulfide         | 0-10 PPM PEL                      |               |               |               |               |
| Other:                   |                                   |               |               |               |               |

Instrument(s) used (model and calibration):

\_\_\_\_\_

Individual testing: \_\_\_\_\_

\_\_\_\_\_  
 Name and Title

LFL= Lower Flammable Limit    PPM = Parts Per Million    SDS = Safety Data Sheet

\*PEL = Permissible Exposure Limits as listed in OSHA 29CFR1910.1000

\*\*TLV = Threshold Limit Values published by American Conference of Governmental Industrial Hygienists

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|  |                |
|--|----------------|
| Location and identification of confined space: | Date:<br>Time: |
| Purpose of entry:                              | Duration:      |
| Original supervisor name (Print):              | Expires:       |
| Current supervisor name:                       |                |

### AUTHORIZED ENTRANTS

| Name | Title |
|------|-------|
|      |       |
|      |       |
|      |       |
|      |       |
|      |       |
|      |       |
|      |       |
|      |       |
|      |       |
|      |       |

### AUTHORIZED ATTENDANTS

| Name | Title |
|------|-------|
|      |       |

List all hazards of the confined space:

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Rescue alarm/procedures and emergency services notification procedure (include method of contacting trained rescue services without attendant leaving post).

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We have reviewed the work authorized by this permit and the information contained here-in. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any risk(s) exist. This permit is not valid unless all items are completed. Permit prepared and approved by: \_\_\_\_\_

Supervisor's Signature

Any questions pertaining to confined space entry contact:

\_\_\_\_\_ The supervisor (name) \_\_\_\_\_ has safety canceled this permit and returned the space to normal operation at (time and date) \_\_\_\_\_

Remarks, suggestions, comments: \_\_\_\_\_

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