NON-PERMIT CONFINED SPACE

**Permit valid for 12 hrs. or 1 work shift.**

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| **Space to be entered. (description):** | | | | | | | | |
| **Purpose of Entry:** | | | | | | | | |
| **Date of Entry:** | | | **Duration of Entry Permit (hours):** | | | | | |
| **Authorized Entrants (list below by name):** | | | **Attendants (list below by name):** | | | | | |
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| **Entry Supervisor who authorized entry (Signature):** | | | | | | | | |
| **Check all Existing and Potential Hazards for**  **The space to be entered:** | | | **Check all the Measures you will use to isolate the space and control or eliminate hazards before entry:** | | | | | |
| Atmospheric (toxic, low oxygen, etc.)  Chemical Contact (skin, breathing exposure)  Electrical (exposed energized wires)  Mechanical (moving machinery)  Temperature (heat or cold)  Engulfment (drowning, smothering)  Entrapment (tight spaces, entanglement)  Other (list here): | | | Disassemble Linkages  Blanking, Blocking, Bleeding  External Barricades  Confined Space Danger Signs  Forced Air Ventilation  Lock Out/Tag Out  Air Monitoring  Local Fume Exhaust  Other (list here): | | | | | |
| **Acceptable Air Monitoring & Entry Conditions** | | | | | | | | |
| Test top, middle and  bottom of space. Monitor air while working | Acceptable  Entry conditions | Initial Test  Results | | Test  Results | Test  Results | Test  Results | Test  Results | Test  Results |
| Oxygen Content (%) | 19.5% to 23.5% |  | |  |  |  |  |  |
| Flammable Vapor/LEL (%) | less than 10% |  | |  |  |  |  |  |
| Carbon Monoxide (ppm) | less than 35 ppm |  | |  |  |  |  |  |
| Hydrogen Sulfide (ppm) | less than 10 ppm |  | |  |  |  |  |  |
| Other (list here) |  |  | |  |  |  |  |  |
| Gas Tester Name | Initials of Tester  Time of Test |  | |  |  |  |  |  |
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| **CONTACT SUPERVISOR IF HAZARDS CANNOT BE ELIMINATED OR CONTROLLED. DO NOT ENTER** | | | | | | | | |
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| **Communication Methods to be Used by Entrants and Attendants:** | | | | | | | | |
| Voice  Radio  Hand Signals  Other (list here): | | | | | | | | |
| **Equipment Used by Entrants and Attendants (check all that apply)** | | | | | | | | |

Gas Monitor  Tripod  Ventilating Equipment  Barriers/Barricades

Ladder  Safety Harness  SCBA  Protective Clothing

Lighting  Fall-Arresting Hoist  Respirator (APR)  Lifeline

Other equipment/PPE (list here):

**RESCUE & EMERGENCY SERVICES**

**TELEPHONE 9-1-1 OR LOCAL EMERGENCY NO.:**

**ENTRANT LOG**

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| **NAME (PLEASE PRINT)** | **TIME IN** | **TIME OUT** |
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**THIS CONFINED SPACE ENTRY PERMIT HAS BEEN CANCELLED:**

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: a.m./p.m.: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entry Permit Supervisor Signature