[ ]  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 andbottom of space. Monitor air while working | AcceptableEntry conditions | Initial TestResults | TestResults | TestResults | TestResults | TestResults | TestResults |
| 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 TesterTime 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