



# CONFINED SPACE ENTRY PERMIT

NON-PERMIT CONFINED SPACE

Permit valid for 12 hrs. or 1 work shift.

<b>Space to be entered. (description):</b>							
<b>Purpose of Entry:</b>							
<b>Date of Entry:</b>				<b>Duration of Entry Permit (hours):</b>			
<b>Authorized Entrants (list below by name):</b>				<b>Attendants (list below by name):</b>			
<b>Entry Supervisor who authorized entry (Signature):</b>							
<b>Check all Existing and Potential Hazards for The space to be entered:</b>				<b>Check all the Measures you will use to isolate the space and control or eliminate hazards before entry:</b>			
<input type="checkbox"/> Atmospheric (toxic, low oxygen, etc.) <input type="checkbox"/> Chemical Contact (skin, breathing exposure) <input type="checkbox"/> Electrical (exposed energized wires) <input type="checkbox"/> Mechanical (moving machinery) <input type="checkbox"/> Temperature (heat or cold) <input type="checkbox"/> Engulfment (drowning, smothering) <input type="checkbox"/> Entrapment (tight spaces, entanglement) <input type="checkbox"/> Other (list here):				<input type="checkbox"/> Disassemble Linkages <input type="checkbox"/> Blanking, Blocking, Bleeding <input type="checkbox"/> External Barricades <input type="checkbox"/> Confined Space Danger Signs <input type="checkbox"/> Forced Air Ventilation <input type="checkbox"/> Lock Out/Tag Out <input type="checkbox"/> Air Monitoring <input type="checkbox"/> Local Fume Exhaust <input type="checkbox"/> Other (list here):			
<b>Acceptable Air Monitoring &amp; Entry Conditions</b>							
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 ⇒						
<b>CONTACT SUPERVISOR IF HAZARDS CANNOT BE ELIMINATED OR CONTROLLED. DO NOT ENTER</b>							
<b>Communication Methods to be Used by Entrants and Attendants:</b>							
<input type="checkbox"/> Voice <input type="checkbox"/> Radio <input type="checkbox"/> Hand Signals <input type="checkbox"/> Other (list here):							
<b>Equipment Used by Entrants and Attendants (check all that apply)</b>							
<input type="checkbox"/> Gas Monitor	<input type="checkbox"/> Tripod	<input type="checkbox"/> Ventilating Equipment	<input type="checkbox"/> Barriers/Barricades				
<input type="checkbox"/> Ladder	<input type="checkbox"/> Safety Harness	<input type="checkbox"/> SCBA	<input type="checkbox"/> Protective Clothing				
<input type="checkbox"/> Lighting	<input type="checkbox"/> Fall-Arresting Hoist	<input type="checkbox"/> Respirator (APR)	<input type="checkbox"/> Lifeline				
<input type="checkbox"/> Other equipment/PPE (list here):							

## RESCUE & EMERGENCY SERVICES

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

Do not destroy this permit. After cancellation, this permit must be kept on file for 1 year. Return completed and cancelled permits to the corporate office.

