

Appendix B Entry Permit

Entry Information					
Space to be Entered:			Date:		
			Permit Expiration Date/Time:		
Purpose of Entry:					
Authorized Attendant(s):					
Authorized Entrant(s):					
Entry Supervisor:					
Permit Space Hazard(s) (Check all that exist)	No	Yes		No	Yes
Flammable Gases or Vapors (greater than 10% of the lower flammable limit)			Mechanical Hazards		
Oxygen Deficiency (<19.5%)			Electrical Hazards		
Oxygen Enriched (>23.5%)			Materials Harmful to the Skin		
Toxic Gases or Vapors (greater than permissible exposure limit)			Engulfment		
Other: (list)					
Hazard Controls (Circle all that exist):					
Lockout/Tagout	Purging	Ventilating	Inerting		
Flushing	Block/Bleed	Blanking or Blinding	Barriers		
Equipment Required for Entry and Work (Specify all that apply):					
Respiratory Protection		Lifeline and Safety Harness			
Protective Clothing		Hearing Protection			
Spark Resistant Tools		Communication			
Ventilation		Other			
Required Acceptable Testing Conditions	Pre-Entry Results	Additional Testing Results			
		Time:	Time:	Time:	Time:
Oxygen Level (>19.5% and <23.5%)					
Flammability (<10% LEL)					
Carbon Monoxide (<35 ppm)					
Hydrogen Sulfide (<10 ppm)					
Other:					
Atmospheric Testing Equipment Used: (Model/Type/Serial #):					
Atmospheric Testing Performed By:				Phone:	
Rescue Information					
Personnel/Service: (Circle all that apply)		Rescue Equipment:(List)		Phone Numbers:	
Police Department Fire Department Fire Protection Services Outside Attendant				Police Department – 274-7911 Fire Department – 911 Fire Protection Services – 274-8000	
Authorization: I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in this confined space.					
Entry Supervisor Signature:			Time:		Date:
Distribution of Copies: (1) Original to Department (2) EHS Office (3)Copy to:					
Additional Permits Required (Hot work, Electrical, etc)?			YES	NO	