

CONFINED SPACE ENTRY PERMIT

DEPARTMENT: _____ LOCATION: _____ DATE: _____

TYPE OF CONFINED SPACE: _____ PERMIT EXPIRATION DATE/TIME: _____

DESCRIPTION OF WORK TO BE PERFORMED: _____

NATURE OF HAZARDS IN CONFINED SPACE: (check)

- Oxygen deficiency (less than 19.5%)
- Oxygen enrichment (greater than 22%)
- Flammable gases or vapors (greater than 10% LEL)
- Toxic gases or vapors (greater than permissible exposure limit)
- Mechanical hazards
- Materials harmful to the skin
- Being engulfed
- Other _____

PREPARATION: (Check)

- Notify affected department of service interruption
- Isolate – blanked or double valve, with lock and tag
- Zero energy state (Lock out all energy sources)
- Cleaned, drained, washed and purged
- Ventilation to provide fresh air
- Emergency response team available
- Employees informed of specific confined space hazards
- Procedures reviewed with each employee
- Atmospheric Test in compliance
- Attach hot work permit
- Other _____
- Other _____

Additional Instructions: _____

EQUIPMENT REQUIRED FOR ENTRY AND WORK: (Check)

- Respirator
- Lifeline and safety harness
- Protective clothing
- Hearing protection
- Spark resistant tools
- Other _____

ELECTRICAL EQUIPMENT/TOOLS:

- Low voltage
- Ground fault current interrupters
- Approved for hazardous locations

Rescue equipment (specify) _____

Communications (specify) _____

Respiratory protection (specify) _____

AUTHORIZED ENTRANTS:

AUTHORIZED ATTENDANTS:

| TEST | LIMITS | Check if required | RESULT am pm Time _____ | RESULT am pm Time _____ | RESULT am pm Time _____ | RESULT am pm Time _____ |
|---------------------|----------------|-------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Oxygen | 1. 19.5% - 22% | 1. _____ | 1. _____ | 1. _____ | 1. _____ | 1. _____ |
| 2. Flammability | 2. 10% LEL | 2. _____ | 2. _____ | 2. _____ | 2. _____ | 2. _____ |
| 3. H ₂ S | 3. 10 ppm | 3. _____ | 3. _____ | 3. _____ | 3. _____ | 3. _____ |
| 4. CO | 4. 35 ppm | 4. _____ | 4. _____ | 4. _____ | 4. _____ | 4. _____ |
| 5. Toxic – specify | 5. _____ | 5. _____ | 5. _____ | 5. _____ | 5. _____ | 5. _____ |
| 6. Heat | 6. _____ ° F | 6. _____ | 6. _____ | 6. _____ | 6. _____ | 6. _____ |
| 7. Other | 7. _____ | 7. _____ | 7. _____ | 7. _____ | 7. _____ | 7. _____ |

H₂S = Hydrogen Sulfide; CO = Carbon Monoxide

Name of employee conducting atmospheric monitoring: _____

AUTHORIZATION: I certify that all required precautions have been taken and the necessary equipment is provided for safe entry and work in this confined space.

NAME (Print): _____, SIGNATURE: _____, DATE: _____, TIME: _____