

CONFINED SPACE ENTRY PERMIT

PERMIT # _____

1. PERMIT ISSUANCE AND LOCATION INFORMATION			
Permit Issued By EHS Name:	Issued To Entry Supervisor Name:	Issued Date:	Location of Work:
Signature:	Department:	Time:	Confined Space ID#:

2. WORK TO BE PERFORMED
<input type="checkbox"/> Inspection <input type="checkbox"/> Repair <input type="checkbox"/> Maintenance <input type="checkbox"/> Cleaning <input type="checkbox"/> Other: _____
Detailed description of work, including list of products being introduced to the space:
Is a space-specific entry procedure developed and approved for this location and work? Yes <input type="checkbox"/> No <input type="checkbox"/> Will hot work, other activities, products, or equipment introduce new hazards to the space? Yes <input type="checkbox"/> No <input type="checkbox"/>

3. HAZARDS AND METHODS OF ISOLATION			
Potential Hazards	Energy Sources Present	Energy Source to be Isolated?	ECS # (not number for LOTO)
Atmospheric <input type="checkbox"/> Toxic <input type="checkbox"/> Oxygen deficient <input type="checkbox"/> Oxygen rich <input type="checkbox"/> Flammable Non-Atmospheric <input type="checkbox"/> Physical <input type="checkbox"/> Equipment-related <input type="checkbox"/> Dangerous conditions <input type="checkbox"/> Egress / Entrapment <input type="checkbox"/> Electrocution <input type="checkbox"/> Engulfment <input type="checkbox"/> Entanglement <input type="checkbox"/> Crushing	<input type="checkbox"/> Water lines <input type="checkbox"/> Gas lines <input type="checkbox"/> Steam lines <input type="checkbox"/> Chemical lines <input type="checkbox"/> Mechanical drives <input type="checkbox"/> Harmful materials <input type="checkbox"/> Electrical <input type="checkbox"/> Sludge/wastes <input type="checkbox"/> High temperature <input type="checkbox"/> Other: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ _____ _____ _____ _____ _____ _____ _____
Specify (i.e. exact gases, number of lines, etc.):			

4. PPE AND CONTROLS	
PPE	Controls
<input type="checkbox"/> Respiratory protection, type: _____ <input type="checkbox"/> Safety glasses <input type="checkbox"/> Face shield <input type="checkbox"/> Leather gloves <input type="checkbox"/> Rubber gloves <input type="checkbox"/> Hearing protection <input type="checkbox"/> Coveralls (i.e. Tyvek®) <input type="checkbox"/> Steel toe rubber boots <input type="checkbox"/> Steel toe boots <input type="checkbox"/> Hard hat <input type="checkbox"/> Safety vest <input type="checkbox"/> Personal flotation device <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Isolation of energy sources (per section 3) <input type="checkbox"/> Purge the confined space <input type="checkbox"/> Natural ventilation <input type="checkbox"/> Continuous forced ventilation <input type="checkbox"/> Conduct Gas Testing & Monitoring <input type="checkbox"/> Entrance/exit points to be kept clear of all equipment, hoses etc. <input type="checkbox"/> Use of rescue/fall arrest equipment <input type="checkbox"/> Warning notices/barricades <input type="checkbox"/> Lighting <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Other, specify: _____ List specific equipment and how to be used:

5. COMMUNICATION, RESCUE, AND EMERGENCY CONTROLS		
Communication between Entrants and Attendant	Rescue	Emergency Response
<input type="checkbox"/> Voice <input type="checkbox"/> Visual <input type="checkbox"/> Use of cell phones <input type="checkbox"/> Use of two way radios <input type="checkbox"/> Use of headsets <input type="checkbox"/> Use of hand signals <input type="checkbox"/> Use of man-down alarms <input type="checkbox"/> Other, specify: _____	List rescue equipment: Describe rescue procedure:	Fire Department notified prior to entry? Yes <input type="checkbox"/> No <input type="checkbox"/> Notes:

6. OTHER PRE-ENTRY CONDITIONS AND NOTES

7. TRAINED, AUTHORIZED INDIVIDUALS INVOLVED	
Entrant Names: Entry Supervisor: Attendant: Standby Attendant:	Printed Names: Entrant: Entrant: Entrant:

8. INITIAL ATMOSPHERIC TESTING			
Meter Used:	Meter #	Last Calibrated / /	
Tester's Signature:		Entry test complete? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Tests	Initial Check	Check after Controls	Acceptable Levels
Oxygen	Time:	Time:	O ₂ ≥19.5% ≤23.5%
Explosive Level			< 5% LEL/LFL
Hydrogen Sulfide			H ₂ S < 10 ppm
Carbon Monoxide			CO < 25 ppm

9. ENTRY SUPERVISOR AUTHORIZATION
I verify that the control measures and precautions appropriate for the safe entry and execution of the work in the confined space have been implemented and the persons required to work in the confined space have been properly trained on, advised of, and understand the requirements of this written authority. Permission is authorized for the confined space work to be undertaken.
Signature: _____ Date: / /



10. CONFINED SPACE ENTRY LOG					
Name	Signature	Time In	Name	Signature	Time Out

Obtain PERMITS from EHS DO NOT USE

11. PERIODIC ATMOSPHERIC TESTING								
Meter Used:			Meter #:			Last Calibrated / /		
Tester's Signature:			Testing Frequency (at least every 30 minutes):			Bump test complete? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Tests	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Acceptable Levels
Oxygen								O ₂ ≥19.5% ≤23.5%
Explosive Level								< 5% LEL/LFL
Hydrogen Sulfide								H ₂ S < 10 ppm
Carbon Monoxide								CO < 25 ppm
Tests	Time:	Time:	Time:	Time:	Time:	Time:	Time:	Acceptable Levels
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Carbon Monoxide								CO < 25 ppm

12. PERMIT CLOSURE		
Has the work been completed & the confined space vacated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have the confined space and surrounding areas been made safe? Yes <input type="checkbox"/> No <input type="checkbox"/>	Return completed Permit to EHS upon Closure