

CONFINED SPACE ENTRY PERMIT

GENERAL INFORMATION

LOCATION AND DESCRIPTION OF SPACE TO BE ENTERED:

PURPOSE OF ENTRY:

AUTHORIZED DURATION OF PERMIT: DATE:	TO:
TIME:	TO:
CANCELED:	TIME:

PERMIT SPACE HAZARDS (indicate probable hazards)

- Oxygen deficiency (less than 19.5%)
- Oxygen enrichment (greater than 23.5%)
- Flammable gases or vapors (greater than 10% of Lower Explosive Limit [LEL])
- Airborne combustible dust (meets or exceeds LEL)
- Toxic gases or vapors (greater than Action Level)
- Gas or vapor name/s:
- Material harmful to skin
- Engulfment
- Mechanical hazards
- Electrical Shock
- Other:

EQUIPMENT REQUIRED FOR ENTRY AND WORK (specify items)

- Personal protective equipment:
- Respiratory protection:
- Atmospheric testing monitoring:
- Rescue equipment:
- Other:

RESCUE AND EMERGENCY SERVICE

NAME OF SERVICE	PHONE NUMBER	CONTACT METHOD
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AUTHORIZED ATTENDANTS	AUTHORIZED ENTRANTS

<p>PREPARATION FOR ENTRY</p> <p>Notice of service interruption to affected departments</p> <p>Isolation Methods:</p> <table style="width: 100%;"> <tr> <td>Electrical lockout/tagout</td> <td>Blank/blind lines</td> </tr> <tr> <td>Mechanical lockout/tagout</td> <td>Purge/clean</td> </tr> <tr> <td>Atmospheric</td> <td>Inert</td> </tr> <tr> <td>Other:</td> <td>Barriers</td> </tr> </table> <p>Personnel Awareness:</p> <p>Pre-entry briefing on specific hazards and control methods</p> <p>Notify contractors of permit and hazard conditions</p> <p>Other:</p>	Electrical lockout/tagout	Blank/blind lines	Mechanical lockout/tagout	Purge/clean	Atmospheric	Inert	Other:	Barriers	<p>Ventilation:</p> <p>Mechanical</p> <p>Natural ventilation</p> <p>Communication methods:</p> <table style="width: 100%;"> <tr> <td>Visual</td> <td>Voice</td> </tr> <tr> <td>Tug rope</td> <td>Radio</td> </tr> </table> <p>Additional permits required and/or attached:</p> <p>Hot work</p> <p>Line Breaking</p> <p>Other:</p>	Visual	Voice	Tug rope	Radio
Electrical lockout/tagout	Blank/blind lines												
Mechanical lockout/tagout	Purge/clean												
Atmospheric	Inert												
Other:	Barriers												
Visual	Voice												
Tug rope	Radio												

ATMOSPHERIC TESTING AND MONITORING RECORD						
	TEST Y/N	ACCEPTABLE CONDITIONS	RESULT/TIME AM/PM	RESULT/TIME AM/PM	RESULT/TIME AM/PM	RESULT/TIME AM/PM
Oxygen O₂		19.5-23.5%				
Lower Explosive Level		<10% of LEL				
Carbon Monoxide CO		<35 ppm*				
Hydrogen Sulfide H₂S		<10 ppm*				
Sulfur Dioxide SO₂		<2 ppm*				
Ammonia NH₃		<25 ppm*				
Noise		<85dB/8 hours				

Tester Name:	*NIOSH REL (Recommended Exposure Limit)
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Testing Instrumentation Make/Model/Number:

Calibration Date:

PROCEDURE STEPS	INIT.	PROCEDURE STEPS	INIT.
1.		9.	
2.		10.	
3.		11.	
4.		12.	
5.		13.	
6.		14.	
7.		15.	
8.		16.	

If conditions are not in compliance with the above requirements, or if there is reason to believe that conditions have changed for the worse, terminate entry.

AUTHORIZED BY ENTRY SUPERVISOR

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

PRINTED NAME:	SIGNATURE:
DATE:	TIME: