

## 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><b>PREPARATION FOR ENTRY</b></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												

<b>ATMOSPHERIC TESTING AND MONITORING RECORD</b>						
	TEST Y/N	ACCEPTABLE CONDITIONS	RESULT/TIME AM/PM	RESULT/TIME AM/PM	RESULT/TIME AM/PM	RESULT/TIME AM/PM
Oxygen <b>O<sub>2</sub></b>		19.5-23.5%				
Lower Explosive Level		<10% of LEL				
Carbon Monoxide <b>CO</b>		<35 ppm*				
Hydrogen Sulfide <b>H<sub>2</sub>S</b>		<10 ppm*				
Sulfur Dioxide <b>SO<sub>2</sub></b>		<2 ppm*				
Ammonia <b>NH<sub>3</sub></b>		<25 ppm*				
Noise		<85dB/8 hours				

Tester Name:	<i>*NIOSH REL (Recommended Exposure Limit)</i>
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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: