|  |  |
| --- | --- |
| **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 | |
| **AUTHORIZED ATTENDANTS** | **AUTHORIZED ENTRANTS** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PREPARATION FOR ENTRY**  Notice of service interruption to affected departments Isolation Methods:  Electrical lockout/tagout Blank/blind lines  Mechanical lockout/tagout Purge/clean  Atmospheric Inert  Other: Barriers  Personnel Awareness:  Pre‐entry briefing on specific hazards and control methods Notify contractors of permit and hazard conditions  Other: | | | | | | Ventilation:  Mechanical Natural ventilation  Communication methods:  Visual Voice  Tug rope Radio Additional permits required and/or attached:  Hot work Line Breaking Other: | | | | |
| **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 **02** |  | 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)* | | | |
| 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: | | | | | | | | | | |

|  |
| --- |
|  |
|  |
|  |