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| **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 EngulfmentMechanical 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** |
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| **PREPARATION FOR ENTRY**Notice of service interruption to affected departments Isolation Methods:Electrical lockout/tagout Blank/blind linesMechanical lockout/tagout Purge/cleanAtmospheric InertOther: BarriersPersonnel Awareness:Pre‐entry briefing on specific hazards and control methods Notify contractors of permit and hazard conditionsOther: | Ventilation:Mechanical Natural ventilationCommunication methods:Visual VoiceTug rope Radio Additional permits required and/or attached:Hot work Line Breaking Other: |
| **ATMOSPHERIC TESTING AND MONITORING RECORD** |
|  | TESTY/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: |

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