



# CONFINED SPACE ENTRY PERMIT

Permit number: \_\_\_\_\_

Confined space to be entered: \_\_\_\_\_

Purpose of entry: \_\_\_\_\_ Location: \_\_\_\_\_

Date issued: \_\_\_\_\_ Time issued: \_\_\_\_\_ Permit duration: \_\_\_\_\_

Qualified assigned entrant(s): \_\_\_\_\_

Qualified assigned attendant: \_\_\_\_\_

## HAVE THE FOLLOWING PRECAUTIONS BEEN TAKE?

**Entry will not be approved unless necessary items are completed.**

- Discussion of oxygen deficiency detection and elimination .....  Yes  No  N/A
- Discussion of probable gases to be encountered and elimination .....  Yes  No  N/A
- Discussion of proper ventilation procedures .....  Yes  No  N/A
- Discussion of need, use, and availability of respirators .....  Yes  No  N/A
- Discussion and review of testing equipment and calibration .....  Yes  No  N/A
- Discussion, use, and testing of serviceability of rescue gear and procedures .....  Yes  No  N/A
- Discussion of noise problems, temperatures, and weather conditions .....  Yes  No  N/A
- Discussion of communication procedures and proper use of equipment .....  Yes  No  N/A
- Burning (hot work) permits. Exhaust ventilation and fire-fighting equipment.....  Yes  No  N/A

## SAMPLING EQUIPMENT TO BE USED

Type	Serial number	Date of calibration	Qualified person

## TESTS CONDUCTED

Test	Time	Results	Time	Results	Time	Results	Time	Results
Oxygen deficiency								
Flammability								
Toxicity								

Identify hazards associated with this entry:

Acceptable entry conditions or hazard elimination/control strategies for safe entry:

Equipment required for safe entry:

Emergency rescue procedure:

Communication procedures for entrants and attendants to maintain contact during entry:

Requirements completed	N/A	Date	Time	Requirements completed	N/A	Date	Time
Lockout/de-energize/try-out	<input type="checkbox"/>			Supplied air respirator (N/A if alternate entry)	<input type="checkbox"/>		
Line(s) broken-capped-blank	<input type="checkbox"/>			Air purifying respirator(s)	<input type="checkbox"/>		
Purge-flush and vent	<input type="checkbox"/>			Protective clothing	<input type="checkbox"/>		
Ventilation	<input type="checkbox"/>			Full body harness w/"D" ring	<input type="checkbox"/>		
Secure area (Post and flag)	<input type="checkbox"/>			Emergency escape retrieval equipment	<input type="checkbox"/>		
Lighting (Explosive proof)	<input type="checkbox"/>			Lifelines	<input type="checkbox"/>		
Hot work permit (Attach)	<input type="checkbox"/>			Standby safety personnel (N/A if alternate entry)	<input type="checkbox"/>		
Fire extinguishers	<input type="checkbox"/>			Fall protection	<input type="checkbox"/>		
Other:				Other:			

