

CONFINED SPACE ENTRY PERMIT

Location : _____

Department: _____ Date: _____

Confined space to be entered: _____

Permit expiration date/time: _____

Description of work to be performed: _____

NATURE OF HAZARDS IN CONFINED SPACE: (check)

- Oxygen deficiency (Less than 19.5% at sealevel)
- Flammable gases or vapors (greater than 10% of the lower flammable limit, or greater than 23.5% oxygen at sea level)
- Toxic gases or vapors (greater than the permissible exposure limit)
- Mechanical hazards
- Electrical shock
- Materials harmful to the skin
- Engulfment
- Configuration hazard
- Other _____

EQUIPMENT REQUIRED FOR ENTRY & WORK: (check)

- Respirator
- Lifeline and safety harness
- Protective clothing
- Hearing protection
- Lighting (Explosive Proof)
- Fire Extinguishers
- Emergency escape retrieval equipment
- Resuscitators - Inhalator
- Other _____

PREPARATION: (check)

- Notify affected departments of service interruption
- Isolate - blanked or double valve, with lock and tag
- Zero energy state (Lock Out all energy sources)
- Cleaned, drained, washed and purged
- Ventilation to provide fresh air
- Emergency response team available
- Employees informed of specific confined space hazards
- Secure area (post, sign and flag)
- Procedures reviewed with each employee
- Atmospheric test in compliance
- Attach hot work permit
- _____ther _____

REQUIRED EQUIPMENT /TOOLS: (check)

- Low voltage
- Ground-fault current interrupters
- Approved for hazardous locations
- Respiratory protection (specify) _____
- Communication aid (specify) _____
- Rescue equipment (specify) _____

AUTHORIZED ENTRANT(S):

AUTHORIZED ATTENDANT(S):

STAND-BY SAFETY PERSONNEL: _____

(phone) _____ (pager) _____

TEST	Allowable Limits	Check () if Required	Result		Result		Result		Result	
			AM P	PM	AM EM	PM	AM PM	PM	AM PM	PM
Time										
Oxygen-min.	19.5%									
Oxygen-max.	23.5%									
Flammability	10% LEL									
H2S	10ppm									
CO	35ppm									
Cl2										
ClO2										
802										
Heat	°F/°C									
Toxic (specify)										

Name of employee conducting atmospheric monitoring: _____ Instrument(s) used: _____

THIS PERMIT IS ONLY VALID FOR THE SPACE(S) NOTED ABOVE. SHOULD ATMOSPHERIC CONDITIONS WITHIN THE SPACE CHANGE (I.E. DOOR/HATCH CLOSED) PERMIT MUST BE REISSUED. ATTENDANT MUST BE PRESENT AT ALL TIMES DURING ENTRY.

AUTHORIZATION:

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

Name (print): _____

Time: _____ Date: _____

Signature: _____