

PERMIT REQUIRED CONFINED SPACE ENTRY PERMIT

Permit No. _____

GENERAL INFORMATION

Space to be Entered: _____

 Location/Building: _____

Purpose of Entry: _____

 Authorized Duration of Permit: Date: _____ to _____
 Time: _____ to _____

PERMIT SPACE HAZARDS (Indicate specific hazards with initials.)

- _____ Airborne Combustible Dust (meets or exceeds LFL)
- _____ Asbestos
- _____ Electrical Shock
- _____ Engulfment
- _____ Flammable Gases or Vapors (over 10% of LFL)
- _____ Materials Harmful to Skin
- _____ Mechanical Hazards
- _____ Oxygen Deficiency (less than 19.5%)
- _____ Oxygen Enrichment (greater than 23.5%)
- _____ Radon (over 4 pCi/l)
- _____ Toxic Gases or Vapors (greater than PEL)
- _____ Other: _____

EQUIPMENT REQUIRED FOR ENTRY & WORK

Specify as required:
 Oxygen Enrichment: _____

 Respiratory Protection: _____

 Atmospheric Testing/Monitoring: _____

 Communication: _____

 Rescue Equipment: _____

 Other: _____

PREPARATION FOR ENTRY (Check after steps have been taken.)

- Notification of affected departments of service interruption (if applicable).
- Isolation Methods: Lockout/Tagout Blank/Blind
 - Purge/Clean Inert Ventilate
 - Atmospheric Test Barriers Other: _____
- Personal Awareness:
 - Pre-entry briefing on specific hazard and control methods
 - Notify contractors of permit and hazard conditions
 - Other: _____
- Additional Permits required and/or attached:
 - Hotwork Line Breaking Other: _____

COMMUNICATION PROCEDURES

To be used by attendants and entrants:

EMERGENCY SERVICE - CALL "911"

Name of Service	Phone Number	Method of Contact
_____	_____	_____
_____	_____	_____

AUTHORIZED ENTRANTS (List by name or attach roster.)

AUTHORIZED ATTENDANT (List by name.)

TESTING RECORD (Remember to test at least every two hours)

Hazard	Acceptable Conditions	Result : AM/PM	Result : AM/PM	Result : AM/PM	Result : AM/PM	Result : AM/PM	Result : AM/PM	Result : AM/PM
Cl ₂ Chlorine Gas	under 0.5 ppm	_____	_____	_____	_____	_____	_____	_____
CO Carbon Monoxide	under 35 ppm	_____	_____	_____	_____	_____	_____	_____
Heat	°F/°C	_____	_____	_____	_____	_____	_____	_____
H ₂ S Hydrogen Sulfide	under 10 ppm	_____	_____	_____	_____	_____	_____	_____
Flammability	under 10% LEL/LFL	_____	_____	_____	_____	_____	_____	_____
Oxygen: minimum	19.5%	_____	_____	_____	_____	_____	_____	_____
Oxygen: maximum	23.5%	_____	_____	_____	_____	_____	_____	_____
Toxic (specify)	_____	_____	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____	_____	_____
Tester's Name		_____						

AUTHORIZATION BY ENTRY SUPERVISOR/OSHA COMPETENT PERSON

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

Print Name: _____ Signature: _____ Date: _____ Time: _____



THIS PERMIT MUST BE POSTED ON JOB SITE • GOOD ONLY ON INDICATED DATE