



## Confined Space Permit

Date _____ Time of Issue _____ Length of Permit _____		
Location _____ Equipment ID _____		
Purpose of entry & Description of work _____		
_____		
Authorized Entrants _____		
Eligible Attendants _____		
Authorizer of this Entry _____		
Will "HOT" work be authorized for this entry? _____ No _____ Yes (describe) _____		
_____		
<b>HAZARD IDENTIFICATION</b>		
Indicate ALL potential Hazards of this Permit Space:		YES      NO
a. Contains or may contain a hazardous atmosphere.	_____	_____
b. Contains a material for potential engulfment.	_____	_____
c. Has an internal configuration for potential entrapment	_____	_____
If "yes", describe _____		
_____		
_____		
<b>PRE-ENTRY PREPERATION</b>		

		Done				Removed			
		Yes	N/A	Date	Time	By	Date	Time	By
1. Lines broken and/ or blanked:		_____	_____	_____	_____	_____	_____	_____	_____
Line Contents	Location								
a.	_____	_____	_____	_____	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____	_____	_____	_____	_____
2. Drain or at a workable level		_____	_____	_____	_____	_____	_____	_____	_____
3. Purge- Flush and vent		_____	_____	_____	_____	_____	_____	_____	_____
4. Force air to bottom and vent		_____	_____	_____	_____	_____	_____	_____	_____



5. Lock out power feeds \_\_\_\_\_

Equipment/Location of lock out \_\_\_\_\_

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

6. Shut-off heating systems \_\_\_\_\_

7. Other: \_\_\_\_\_

\_\_\_\_\_

#### TEST TO BE TAKEN

Atmospheric testing	Time	Tester: _____					
PEL	YES	N/A	Results	Results	Results	Results	
% of Oxygen 19.5%-21%	_____	_____	_____	_____	_____	_____	
Temperature 110F /43C	_____	_____	_____	_____	_____	_____	
% of LEL: Any % over 10	_____	_____	_____	_____	_____	_____	
Hydrogen Sulfide 10 ppm	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	

#### PREVENTION OF UNAUTHORIZED ENTRY

YES

1. Have workers to enter been trained for this specific entry? \_\_\_\_\_

2. Have attendants been trained for this specific space? \_\_\_\_\_



3. Have you posted a WORKER IN CONFINED SPACE sign? \_\_\_\_\_

4. Set-up the following additional barriers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### MANDATORY SAFETY EQUIPMENT REQUIRED

	Yes	N/A
1. Fire Extinguisher	_____	_____
2. Retrieval Lines	_____	_____
3. Respirator	_____	_____
4. Goggles	_____	_____
5. Hearing protection	_____	_____
6. Protective clothing	_____	_____
7. Special Boots or Shoes	_____	_____
8. Gloves	_____	_____
9. Other safety equipment		
_____	_____	_____
_____	_____	_____

#### COMMUNICATION PROCEDURES AND EQUIPMENT TO BE USED FOR ENTRY

(Verify that chosen equipment is in place and operational)

Verified by:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

**RESCUE EQUIPMENT TO BE PROVIDED ON-SITE**

	Yes	N/A
a. Two harnesses or two wristlets	_____	_____
b. Two five minute supply capsules	_____	_____
c. One 30 minute S.C.B.A.	_____	_____
d. One emergency siren	_____	_____
e. Other necessary Rescue Equipment:	_____	_____
_____	_____	_____
_____	_____	_____

**IN CASE OF EMERGENCY**

Rescue Services	Phone Number or Extension
1. _____	_____
2. _____	_____
3. _____	_____

**AUTHORIZER** must sign below **AFTER** all the above actions are fully understood and conditions necessary for **SAFE** entry have been met.

Authorizer of Entry \_\_\_\_\_

Signature	Date	Time
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Upon completion of the entry covered by this **Permit**, and after all entrants have exited the Permit space, **Authorizer** must sign below.

Canceled by \_\_\_\_\_

Signature	Date	Time
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