

Confined Space Entry Permit

Date: _____ Competent Person: _____

Duration of Entry: (Time Space is Entered) _____ (Estimated Time that Task will be Completed) _____
AM/PM AM/PM

Confined Space to Be Entered: _____

Work to be Performed: _____

___ Permit-Required ___ Non – Permit ___ Alternate Procedures

Potential Hazards

___ Oxygen Deficiency (less than 19.5%)
___ Flammable Gases or Vapors (Greater Than 10%)
___ Toxic Gases/Vapors (H₂S/CO)
___ Mechanical Hazards
___ Engulfment
___ Configuration Hazard
___ Hot Work (Welding /Cutting) Other: _____

Entry Equipment/Procedures

___ Harness
___ Protective Clothing (Tyvek)
___ PPE (Safety Glasses/Hard Hat/Gloves/Hearing)
___ Lockout/Tagout
___ Ventilator/Blower
___ Means of Communication (Verbal/Radio)
___ Rescue Equipment (Tripod/Davit Arm)

Signed In/Time

Entry Personnel: _____

Signed Out/Time

Attendant/s: _____

Atmospheric Testing:		Initial Readings	Periodic	Periodic	Periodic
Oxygen	20.9%	_____	_____	_____	_____
LEL	10%	_____	_____	_____	_____
CO	25 PPM	_____	_____	_____	_____
H ₂ S	10 PPM	_____	_____	_____	_____

Name of employee conducting atmospheric testing: _____

Authorization: I certify that all physical and atmospheric hazards have been evaluated, the required equipment for a safe entry has been provided and the Pre-Entry Procedures reviewed for work in this confined space.

Entry Supervisor: _____

Permit Closed by: _____

Date/Time: _____

Confined Space Monitoring Data

(Document Periodic Readings every 30 minutes)

Time	Oxygen	LEL	CO	H2S	Other

Notes:
