

Confined Space Entry Permit

SECTION 1 - LOCATION INFORMATION

Space to be Entered

Purpose of Entry

Location (Building / Room)

Authorized Duration of Permit - Date(s)

Description of Work to be Performed

SECTION 2 - PERSONNEL INFORMATION

Entry Supervisor's Name

Attendant 1

Name:			
Time On Duty:			
Time Off Duty:			

Attendant 2

Name:			
Time On Duty:			
Time Off Duty:			

Entrant Information

	Name	Entry Time	Exit Time	Entry Time	Exit Time	Entry Time	Exit Time
Entrant 1							
Entrant 2							
Entrant 3							
Entrant 4							

Prepared By:

Date:

Entry Supervisor's Signature:

Date:

SECTION 3 - ATMOSPHERIC HAZARDS INFORMATION**Toxic Air Contaminants**

Identify the potential toxic air contaminants	Permissible Exposure Limit (PEL) in ppm	Actual results based on testing (ppm)	Time testing was conducted
1.			
2.			
3.			
4.			
Meter Used:	Meter Model:	Calibration Date:	
Tester's Name:	Tester's Signature:		

Oxygen

	Area 1	Area 2	Area 3	Area 4
Oxygen Percentage (must be between 19.5 - 23.5%)				
Time testing was conducted				
Meter Used:	Meter Model:	Calibration Date:		
Tester's Name:	Tester's Signature:			

Flammable/Combustible Gases

Potential Flammable / Combustible Gases	Chemical Name	Chemical LEL as provided by safety documents (MSDS)	Actual Results based on testing	Time testing was conducted
1.				
2.				
3.				
4.				
Meter Used:	Meter Model:	Calibration Date:		
Tester's Name:	Tester's Signature:			

SECTION 4 - PROCEDURES

	Yes	No	N/A
Lockout/Tagout (LOTO) procedures have been followed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees have received appropriate LOTO training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees have the appropriate PPE.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring equipment is present and operating correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment necessary to summon rescue services are present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication equipment to reach entrants is present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4 - CONTINUED

Tools and equipment are appropriate for work to be completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory protection is required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees are enrolled in the respiratory protection program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affected personnel have been notified of confined space work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A minimum of three employees must be assigned to work involving permit space entry. One employee must remain outside the permit space at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other required permits, such as hot work permits, are obtained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Those responsible for operation of the gas monitor have been trained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 5 - UNIQUE HAZARDS

Identify any unique hazards associated with this confined space

SECTION 6 - PPE/EQUIPMENT

SECTION 7 - RESCUE SERVICES

Contact Number for Local Emergency Rescue Services:

SECTION 8 - RESCUE PROCEDURES

Describe specific steps that must be taken in the event of an injury or exposure based on existing hazards.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

SECTION 9 - PERIODIC ATMOSPHERIC MONITORING

Oxygen	Time	Results	Oxygen	Time	Results
1.			5.		
2.			6.		
3.			7.		
4.			8.		

Flammable	Time	Results	Flammable	Time	Results
1.			5.		
2.			6.		
3.			7.		
4.			8.		

Toxics	Time	Results	Toxics	Time	Results
1.			5.		
2.			6.		
3.			7.		
4.			8.		

SECTION 10 - ENTRY COMPLETION/TERMINATION

☐ Work Completed ☐ Terminated

Entry Supervisor's Signature: _____ Date: _____ Time: _____