|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Permit date:**  |    /  /   | **Work shift:**  1st [ ]  2nd [ ]  3rd [ ]  | **Expires:**  |   /  /   |
| Time started: |       |
| Permit space to be entered (name and location of space): |       |
| Purpose of entry: |       |

Names of trained, authorized individuals

|  |  |  |  |
| --- | --- | --- | --- |
|  | Entry supervisor: |       |  |
|  | Entry attendant: |       |  |
|  | Authorized entrants: |       |  |
|  | Authorized entrants: |       |  |
|  |  |  |  |
| Emergency contact information |
| Emergency responder:  |       | Phone number:  |       |
| Contact person:  |       | Time:  |       |

|  |
| --- |
| **Pre-entry requirements** |
| **Requirements** | **Yes** | **No** | **N/A** |  | **Requirements** | **Yes**  | **No** | **N/A** |
| Lockout - tagout/de-energize | [ ]  | [ ]  | [ ]  |  | Hot work permit | [ ]  | [ ]  | [ ]  |
| Pipes(s) broken or capped or blanked | [ ]  | [ ]  | [ ]  |  | Fall arrest harness/lifeline/tripod | [ ]  | [ ]  | [ ]  |
| Purge or flush or drain  | [ ]  | [ ]  | [ ]  |  | Personal protective equipment | [ ]  | [ ]  | [ ]  |
| Ventilation (natural or mechanical) | [ ]  | [ ]  | [ ]  |  |  | *Hardhat*  | [ ]  | [ ]  | [ ]  |
| Secure area | [ ]  | [ ]  | [ ]  |  |  | *Gloves* | [ ]  | [ ]  | [ ]  |
| Safe lighting | [ ]  | [ ]  | [ ]  |  |  | *Safety glasses* | [ ]  | [ ]  | [ ]  |
| Non-sparking tools | [ ]  | [ ]  | [ ]  |  |  | *Respirator, type*  | [ ]  | [ ]  | [ ]  |
| Communication method       | [ ]  | [ ]  | [ ]  |  |  | *Other PPE:*  | [ ]  | [ ]  | [ ]  |
| Contractor employees involved | [ ]  | [ ]  | [ ]  |  |  | *Other PPE:*  | [ ]  | [ ]  | [ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Space-monitoring results** | **Test 1** | **Test 2** | **Test 3** | **Test 4** |
| **Monitor at least every four hours** | **Permissible entry levels** | Time:      Initial:      | Time:      Initial:      | Time:      Initial:      | Time:      Initial:      |
| Percent oxygen  | 19.5% to 23.5% |       |       |       |       |
| Combustible gas  | Less than 10% LEL |       |       |       |       |
| Other toxic gas       |       |       |       |       |       |
| Other toxic gas       |       |       |       |       |       |
| Other toxic gas       |       |       |       |       |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Possible atmospheric hazards** | **Yes** | **No** | **N/A** |
| Lack of oxygen | [ ]  | [ ]  | [ ]  |
| Combustible gases | [ ]  | [ ]  | [ ]  |
| Combustible vapors | [ ]  | [ ]  | [ ]  |
| Combustible dusts | [ ]  | [ ]  | [ ]  |
| Toxic gases/vapors | [ ]  | [ ]  | [ ]  |
| **Possible non-atmospheric hazards** |  |  |  |
| Noise | [ ]  | [ ]  | [ ]  |
| Chemical contact | [ ]  | [ ]  | [ ]  |
| Electrical hazard | [ ]  | [ ]  | [ ]  |
| Mechanical exposure | [ ]  | [ ]  | [ ]  |
| Temperature extreme | [ ]  | [ ]  | [ ]  |
| Engulfment | [ ]  | [ ]  | [ ]  |
| Entrapment | [ ]  | [ ]  | [ ]  |
| Other non-atmospheric hazard | [ ]  | [ ]  | [ ]  |

## Pre-entry checklist

**Do not enter this permit space until the following “needs action” conditions are corrected.**

|  |  |  |
| --- | --- | --- |
| **OK** | **Needs action** |  |
| [ ]  | [ ]  | Before entering the permit space, the supervisor or designee must notify the rescue team. IDLH conditions require at least one rescue team member located outside the space. |
| [ ]  | [ ]  | A minimum of two employees must be assigned to work involving permit space entry. One employee must remain outside the permit space at all times. |
| [ ]  | [ ]  | The surrounding area must be surveyed to show that it is free of hazards such as drifting vapors from tanks, piping, sewers, or vehicle exhaust. |
| [ ]  | [ ]  | Those responsible for operation of the gas monitor have been trained. |
| [ ]  | [ ]  | Gas monitor calibration tests and functional test (fresh air calibration) have been performed this shift on the gas monitor. If so, by whom?       |
| [ ]  | [ ]  | The atmosphere will be continuously monitored while the space is occupied, if required by entry procedure. |

## This permit has been terminated for the following reason:

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Work completed | [ ] Canceled | Time:       | Note:       |

|  |  |  |
| --- | --- | --- |
| Supervisor’s signature | Time:       | Date:   /    /   |