

# Confined space entry permit

Permit date:     /     /	Work shift: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>	Expires:     /     /
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Time started: \_\_\_\_\_

Permit space to be entered  
(name and location of space): \_\_\_\_\_

Purpose of entry: \_\_\_\_\_

Names of trained, authorized individuals	Emergency contact information
Entry supervisor: _____	Emergency responder: _____
Entry attendant: _____	Contact person: _____
Authorized entrants: _____	Phone number: _____
Authorized entrants: _____	Time: _____

**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.

**Pre-entry requirements**

Requirements	Yes	No	N/A	Requirements	Yes	No	N/A
Lockout - tagout/de-energize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot work permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipes(s) broken or capped or blanked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fall arrest harness/lifeline/tripod	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purge or flush or drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal protective equipment (PPE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation (natural or mechanical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Hardhat</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secure area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Gloves</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Safety glasses</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-sparking tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Respirator, type</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Other PPE:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contractor employees involved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Other PPE:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous air monitoring used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Periodic air monitoring used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Entry permit (continued)

Possible atmospheric hazards	Yes	No	N/A
Lack of oxygen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combustible gases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combustible vapors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combustible dusts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxic gases/vapors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possible non-atmospheric hazards	Yes	No	N/A
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature extreme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engulfment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entrapment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other non-atmospheric hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Work completed   
  Canceled   
 Time: \_\_\_\_\_   
 Note: \_\_\_\_\_

Supervisor's signature \_\_\_\_\_ Time: \_\_\_\_\_ Date:    /    /

Return this completed permit to \_\_\_\_\_ .  
 Review, then file for one year.