

# Entry permit

**Permit date:**    /    /        **Work shift:** 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>         **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	<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	<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"/>

**Space-monitoring results**

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					

# 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			
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"/>

## Pre-entry checklist

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

OK	Needs action	
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	Those responsible for operation of the gas monitor have been trained.
<input type="checkbox"/>	<input type="checkbox"/>	Gas monitor calibration tests and functional test (fresh air calibration) have been performed this shift on the gas monitor. If so, by whom? _____
<input type="checkbox"/>	<input type="checkbox"/>	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: / /

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