



## CONFINED SPACE ENTRY PERMIT

Date:					
Site location or description:					
Purpose of entry: _____ _____					
Supervisor(s) in charge of crews:		Type of crew (welding, plumbing, etc)		Phone #:	
Permit duration:					
Communication procedures (including equipment): _____ _____					
Rescue procedures (also see emergency contact phone numbers at end of form): _____ _____					
REQUIREMENTS COMPLETED (Put N/A if item doesn't apply)	DATE	TIME	REQUIREMENTS COMPLETED (Put N/A if item doesn't apply)	DATE	TIME
Lockout/De-energize/Try-out			Supplied Air Respirator (N/A if alternate entry)		
Line(s) Broken-Capped-Blank			Respirator(s) (Air Purifying)		
Purge-Flush and Vent			Protective Clothing (PPE)		
Ventilation			Full Body Harness w/ "D" ring		
Secure Area (Post and Flag)			Emergency Escape Retrieval Equip		
Lighting (Explosive Proof)			Lifelines		
Hot Work Permit			Other (list):		
Fire Extinguishers			Other (list)		



## CONFINED SPACE ENTRY PERMIT (continued)

AIR MONITORING									
Substance Monitored		Permissible Levels		Monitoring Results					
Time monitored (put time)		Record the time							
Percent Oxygen		19.5% to 23.5%							
LEL		Under 10%							
H2S:		____ PEL	____ STEL						
CO:		____ PEL	____ STEL						
Toxic 3:		____ PEL	____ STEL						
Toxic 4:		____ PEL	____ STEL						
<b>REMARKS:</b>									
_____									
_____									
<b>AIR TESTER INFORMATION</b>									
Air Tester Name	ID#	Instrument(s) Used <small>(For example: oxygen meter, combustible gas indicator, etc.)</small>	Model # or Type	Serial# or Unit					
<b>ATTENDANTS AND ENTRANTS</b>									
Attendant(s) <small>(Required for all confined space work except alternate entry)</small>		ID#	Confined Space Entrant(s)			ID#			
<b>REMARKS:</b>									
_____									
_____									
<b>SUPERVISOR AUTHORIZATION - ALL CONDITIONS SATISFIED</b>									
Department or phone number: _____									
<b>EMERGENCY CONTACT PHONE NUMBERS:</b>									
AMBULANCE:	FIRE:	SAFETY:	RESCUE TEAM:	OTHER:					
_____	_____	_____	_____	_____					