

# CONFINED SPACE ENTRY PERMIT

DEPARTMENT: \_\_\_\_\_ LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_

TYPE OF CONFINED SPACE TO BE ENTERED: \_\_\_\_\_ PERMIT EXPIRATION DATE/TIME: \_\_\_\_\_

DESCRIPTION OF WORK TO BE PERFORMED: \_\_\_\_\_

**NATURE OF HAZARDS IN CONFINED SPACE:** (check)

- Oxygen deficiency (less than 19.5%)
- Oxygen enrichment (greater than 22%)
- Flammable gases or vapors (greater than 10% of the lower flammable limit)
- Toxic gases or vapors (greater than the permissible exposure limit)
- Mechanical hazards
- Electrical shock
- Materials harmful to the skin
- Engulfment
- Other \_\_\_\_\_

**EQUIPMENT REQUIRED FOR ENTRY AND WORK:** (check)

- Respirator
- Lifeline and safety harness
- Protective clothing
- Hearing protection
- Spark resistant tools
- Other \_\_\_\_\_
- Electrical equipment/tools:
  - Low voltage
  - Ground-fault current interrupters
  - Approved for hazardous locations
- Respiratory protection (specify) \_\_\_\_\_

Communication aid (specify) \_\_\_\_\_

Rescue equipment (specify) \_\_\_\_\_

**AUTHORIZED ENTRANTS:**

**AUTHORIZED ATTENDANTS:**

**PREPARATION:** (check)

- Notify affected department of service interruption
- Isolate - blanked or double valve, with lock and tag
- Zero energy state (lock out all energy sources)
- Cleaned, drained, washed and purged
- Ventilation to provide fresh air
- Emergency response team available
- Employees informed of specific confined space hazards
- Procedures reviewed with each employee
- Atmospheric test in compliance
- Attach hot work permit
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Additional Instructions \_\_\_\_\_

TEST	Allowable Limits	Check if Required	Result <small>AM PM</small>	Result <small>AM PM</small>	Result <small>AM PM</small>	Result <small>AM PM</small>
Time						
Oxygen-min.	<u>19.5%</u>					
Oxygen-max.	<u>22.0%</u>					
Flammability	<u>10% LEL</u>					
H <sub>2</sub> S	<u>10 ppm</u>					
CO	<u>35 ppm</u>					
Toxic-specify						
Heat	<u>NF/NC</u>					
Other						
Other						

H<sub>2</sub>S = Hydrogen Sulfide, CO = Carbon Monoxide

Name of employee conducting atmospheric monitoring: \_\_\_\_\_

**AUTHORIZATION:**

I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in this confined space.

Name (Print) \_\_\_\_\_

Time: \_\_\_\_\_ Date: \_\_\_\_\_ Signature \_\_\_\_\_