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)

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 __________________________

AUTHORIZED ENTRANTS:

- Procedures reviewed with each employee
- Atmospheric test in compliance
- Attach hot work permit
- Other __________________________
- Other __________________________

AUTHORIZED ATTENDANTS:

- Procedures reviewed with each employee
- Atmospheric test in compliance
- Attach hot work permit
- Other __________________________
- Other __________________________

Additional Instructions __________________________

TEST

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<th>Check if Required</th>
<th>Result AM PM</th>
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<td>Oxygen-min.</td>
<td>19.5%</td>
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<td>Oxygen-max.</td>
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<td>Flammability</td>
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H2S = 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: __________________________

10/93