

CONFINED SPACE



ENTRY PERMIT

Permit Holder: _____ This Permit Expires on: Date _____ Time: _____
 Description: _____
 Work Order No: _____ Lockout Number: _____

Reason for Entry: _____
 Area to be Entered: _____

HAZARD RATING **Low** **Medium** **High**

<p>HAZARDS</p> <p>1 <input type="checkbox"/> Fire</p> <p>2 <input type="checkbox"/> Explosion</p> <p>3 <input type="checkbox"/> Chemical</p> <p>4 <input type="checkbox"/> Toxic / Inert Gas</p> <p>5 <input type="checkbox"/> Radiation</p> <p>6 <input type="checkbox"/> Oxygen Deficiency</p> <p>7 <input type="checkbox"/> Other Hazards (List)</p> <p>Notes: _____ _____ _____</p>	<p>SAFEGUARDS AND PRECAUTIONS</p> <p>1 <input type="checkbox"/> Ventilate Before Entry</p> <p>2 <input type="checkbox"/> Oxygen Test Before Entry</p> <p>3 <input type="checkbox"/> Combustible Test Before Entry</p> <p>4 <input type="checkbox"/> Toxic Fume Check Before Entry</p> <p> <input type="checkbox"/> Check For: _____</p> <p>5 <input type="checkbox"/> Continuous Ventilation Required</p> <p>6 <input type="checkbox"/> Remove Ignition Sources</p> <p>7 <input type="checkbox"/> Dedicated Tending Worker Required</p>	<p>8 <input type="checkbox"/> 2 Employees Required</p> <p>9 <input type="checkbox"/> Protective Equipment Required</p> <p>10 <input type="checkbox"/> Breathing Apparatus Required _____ Type _____</p> <p>11 <input type="checkbox"/> Continuous Monitoring Oxygen <input type="checkbox"/> Combustible <input type="checkbox"/> Toxic <input type="checkbox"/></p> <p>12 <input type="checkbox"/> Radiation Monitoring</p>
--	---	---

AIR QUALITY

Oxygen 19.5 - 23%	Lower Exp Limit L.E.L. < 10%	Carbon Monoxide CO < 25 ppm	Hydrogen Sulfide H ₂ S 10 - 20 ppm	Other _____	Other _____	Other _____
----------------------	---------------------------------	--------------------------------	--	----------------	----------------	----------------

AIR QUALITY READINGS

Oxygen _____ Carbon Monoxide _____ Other _____
 L.E.L. _____ Hydrogen Sulfide _____ Other _____

TAKEN BY: _____ SIGNATURE: _____ DATE: _____ TIME: _____

SPECIAL NOTES: _____

Permit Issued by: _____ Signature: _____ Date: _____ Time: _____

I Understand the Limits of This Permit and What Precautions Must be Taken Before, During and After Entry Into the Confined Space.

Number and Name of People Entering Confined Space: **See Attached List** _____

Safe Work Plan in Place **Rescue Plan in Place**

Accepted by: _____ Signature: _____ Date: _____ Time: _____

The Following Individuals Have Been Authorized to Assist the Permit Holder with Confined Space Supervision:

Name: _____ Signature: _____ Date: _____ Time: _____
 Name: _____ Signature: _____ Date: _____ Time: _____
 Name: _____ Signature: _____ Date: _____ Time: _____
 Authorized by: _____ Signature: _____ Date: _____ Time: _____

Transfer: From: Name and Signature To: Name and Signature _Date/Time

All Personal Under My Charge Have Withdrawn From the Confined Space and are Notified of the Surrender of This Permit

Completed by: _____ Signature: _____ Date: _____ Time: _____

This Confined Space Entry Permit is Hereby Cancelled

Closed by: _____ Signature: _____ Date: _____ Time: _____