



NOTE: THIS PERMIT IS GOOD ONLY FOR 8 HOURS FROM TIME OF ISSUE

Part 1: To be filled out by supervisor assigning work

Date Issued: \_\_\_\_\_ Time Issued: \_\_\_\_\_

Confined Space Location / I.D.: \_\_\_\_\_

Work to be performed: \_\_\_\_\_

Who is the Entry Supervisor / Employee in Charge of Entry: \_\_\_\_\_

Entry Personnel

Attendant Personnel

\_\_\_\_\_

\_\_\_\_\_

Signature of Assigning Supervisor: \_\_\_\_\_

Part 2: To be filled out by Entry Supervisor / Employee in Charge of Entry

| <b>• Source Isolation:</b>                                   | <b>Date</b> | <b>Time</b> |
|--|-------------|-------------|
| Lock-Out/Block-Out (All Sources of Energy)                   | _____       | _____       |
| Pumps or Lines Blinded, Disconnected, Blanked or Blocked     | _____       | _____       |
| Secured Area (Barriers, Cones, etc.)                         | _____       | _____       |
| <b>• Equipment:</b>  |             |             |
| Air Monitor  | _____       | _____       |
| Harness and Life Line  | _____       | _____       |
| Tripod and Hand Crank Winch (Vertical Entry)                 | _____       | _____       |
| Davit (Spreader Bar) and Hand Crank Winch (Horizontal Entry) | _____       | _____       |
| Forced Air Device (Blower)                                   | _____       | _____       |
| 2-Way Communication Device (Attendant / Entrant(s) Contact)  | _____       | _____       |
| Cell Phones (Attendant / Rescue Personnel Contact)           | _____       | _____       |
| Barriers and Cones   | _____       | _____       |
| Appropriate PPE (Eye, Hand, Foot, Head Protection, etc.)     | _____       | _____       |
| Appropriate Fire Extinguisher (As Needed)                    | _____       | _____       |
| Chemical Resistive Protective Clothing (As Needed)           | _____       | _____       |

**Types of Hazards**

- Oxygen-Deficient Atmosphere
- Oxygen-Enriched Atmosphere
- Flammable Atmosphere
- Toxic Atmosphere (CO, other) List if other: \_\_\_\_\_
- Energized Electrical
- Engulfment
- Hazardous Chemical
- Physical Hazards (heat, cold, vibration, mechanical) List types: \_\_\_\_\_
- Other: \_\_\_\_\_

NOTE: If welding/cutting operations are to be performed, attach completed Hot Work Permit form to this entry form.

- Communication Procedures: Review and document how you will maintain contact with each other

\_\_\_\_\_  
\_\_\_\_\_



- Rescue Procedures: Discuss rescue procedures and review emergency contact

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- Entry Atmospheric Testing:

To be completed and documented prior to opening and entering confined space

Fresh Air Set-Up Performed / OK? **Yes**  **No (do not continue)**

|                          | Top Reading | Bottom Reading |                    |
|--------------------------|-------------|----------------|--------------------|
| Oxygen (O <sub>2</sub> ) | _____%      | _____%         | between 19.5 & 23% |
| Flammable / combustible  | _____%      | _____%         | < 10%              |
| Toxic (CO)               | _____       | _____          | 25 PPM or less     |
| Toxic (Other) _____      | _____       | _____          | PPM _____          |
| Toxic (Other) _____      | _____       | _____          | PPM _____          |
| Toxic (Other) _____      | _____       | _____          | PPM _____          |

**Person Conducting Safety Checks SIGNATURE:** \_\_\_\_\_

We have reviewed the work authorized by this permit and the information contained herein. Written instructions and safety procedures have been received and understood. Entry cannot be approved if any equipment is missing and any atmospheric testing readings are outside their approved measures. This permit is not valid unless all appropriate items are completed.

| Entry Authorization  | Entry Cancellation   |
|--|--|
| All actions and/or conditions for safe entry have been performed.<br>Person in Charge of Entry (print) _____<br>Signature: _____ | Entry has been completed and all entrants have exited permit space.<br>Person in Charge of Entry _____<br>Signature: _____ |

- Periodic Atmospheric Tests: To be completed how often: \_\_\_\_\_

| Time | Oxygen % | Flammable % | CO | Other |
|------|----------|-------------|----|-------|
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**In Case of Emergency Call 911**