

Confined Space Entry Permit:

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/

Date Issued

○ a.m. ○ p.m.

/

/

Date Expires

○ a.m. ○ p.m.

Time Expires

Job Site / Space I.D.

Job Supervisor

Equipment To Be Worked On

Work To Be Performed

Stand-By Personnel

1. Atmospheric Checks:

Time: :○ a.m. ○ p.m.

Oxygen: % Explosive: % L.F.L. Toxic: PPM

2. Tester's Signature:

3. Source Isolation (No Entry):

N/A

Yes

No

 4. Ventilation Modification:

N/A

Yes

No

Pumps or lines blinded,
disconnected, or blocked

○

○

○

 Mechanical

○

○

○

Natural Ventilation Only

○

○

○

5. Atmospheric Check After Isolation And Ventilation:

Oxygen: % > 19.5%

Explosive: % L.F.L. < 10%

Toxic: PPM < 10 PPM H₂S

Time: :○ a.m. ○ p.m.

Tester's Signature:

6. Communication Procedures:

7. Rescue Procedures:

8. Entry, Standby, and Back Up Persons:

Yes

No

Successfully Completed Required Training?

○

○

Is It Current?

○

○

9. Equipment

N/A

Yes

No

Direct Reading Gas Monitor - Tested

○

○

○

Safety Harnesses and Lifelines for Entry and Standby Persons

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○

Hoisting Equipment

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○

○

Powered Communications

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SCBA's for Entry and Standby Persons

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Protective Clothing

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○

○

All Electric Equipment Listed

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○

○

Class I, Division I, Group D and Non-sparking Tools

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○

○

10. Periodic Atmospheric Tests:

Oxygen: % Time: :○ a.m. ○ p.m.

Oxygen: % Time: :○ a.m. ○ p.m.

Explosive: % Time: :○ a.m. ○ p.m.

Explosive: % Time: :○ a.m. ○ p.m.

Toxic: % Time: :○ a.m. ○ p.m.

Toxic: % Time: :○ a.m. ○ p.m.

Oxygen: % Time: :○ a.m. ○ p.m.

Oxygen: % Time: :○ a.m. ○ p.m.

Explosive: % Time: :○ a.m. ○ p.m.

Explosive: % Time: :○ a.m. ○ p.m.

Toxic: % Time: :○ a.m. ○ p.m.

Toxic: % Time: :○ a.m. ○ p.m.

We have reviewed the work authorized by this permit and the information contained herein. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked in the “No” column.

This permit is not valid unless all appropriate Items are completed

Permit Prepared By: (Supervisor)

Approved By: (Unit Supervisor)

Reviwed By:(Cs Operations Personnel)

(Printed Name)

(Signature)