

CONFINED SPACE ENTRY PERMIT

This permit must be completed prior to entry into the confined space. Entry cannot be performed if any boxes are marked "No." This permit is valid for only 8 hours only.

Date of entry: _____ Time of Entry: _____
 Location: _____ Type of space: _____
 Equipment to be worked on: _____
 Work to be performed: _____
 Anticipated time needed to complete work: _____
 Anticipated Hazards: _____
 Entry personnel: _____
 Attendants: _____

1. Atmospheric checks:	Oxygen	_____ % O ₂	<u>Acceptable conditions</u>
	Flammability	_____ % LEL	19.5 % to 23.5 %
	CO	_____ ppm	<10% LEL
	H2S	_____ ppm	0-35 ppm Carbon Monoxide 0-10 ppm Hydrogen Sulfide

Atmospheric Tester's Initials: _____ Time: _____

- | | | | | |
|-----------|--|-------------------|-------------------|------------------|
| 2. | Isolation of pumps/lines:
Pumps or lines blocked,
blanked, or disconnected | N/A
() | Yes
() | No
() |
| 3. | Ventilation:
Mechanical
Natural ventilation only | N/A
()
() | Yes
()
() | No
()
() |
| 4. | Hot work permit required | () | () | () |

- 5. Atmospheric checks after isolation and ventilation, if applicable:**
 Oxygen: _____ % O₂
 Explosive: _____ % L.E.L.
 CO _____ ppm 0-35 ppm Carbon Monoxide
 H2S _____ ppm 0-10 ppm Hydrogen Sulfide

- 6.** Communication procedures: _____
7. Lockout procedures, if applicable: _____

8. Equipment:	N/A	Yes	No
Direct reading sampling device which is properly calibrated	()	()	()
Safety harnesses and lifelines for entrants and attendants	()	()	()
Mechanical retrieval/hosting equipment	()	()	()
Communication equipment	()	()	()
SCBA or Type C air line respirator	()	()	()
Personal protective equipment and clothing	()	()	()
Electrical equipment/Lighting/Non sparking Tools	()	()	()
Traffic barriers/entrance covers	()	()	()

I have reviewed the work authorized by this permit and the information pertaining to each item. Safety procedures have been received and are understood by all personnel.

Entry Supervisor: _____ **Date:** _____