

PERMIT-REQUIRED CONFINED SPACE ENTRY PERMIT

This permit is not valid unless completed in its entirety--POST PERMIT AT JOB SITE UNTIL WORK IS COMPLETE

This permit is valid for one (1) eight (8) hour shift only. All copies of this permit must remain at the job site until all work is completed.

SPACE ID # _____ DATE _____ TIME _____ ENTRY SUPERVISOR _____

LOCATION _____ PURPOSE OF ENTRY _____

PRE ENTRY CHECKLIST

REQUIREMENTS COMPLETED	✓	DATE	TIME	REQUIREMENTS COMPLETED	✓	DATE	TIME
LOCKOUT/DE-ENERGIZED				FULL BODY HARNESS W. D-RING			
PROTECTIVE CLOTHING (LIST TYPE BELOW)				EMERGENCY RETRIEVAL EQUIPMENT (LIST TYPE BELOW)			
SPACE: PURGED, FLUSHED, VENTED				FIRE EXTINGUISHER(S)			
ADEQUATE VENTILATION				EXPLOSION PROOF LIGHTING			
SECURE AREA--POST AND FLAG				LINES: BROKEN, CAPPED, BLANKED			
BREATHING APPARATUS				AIR PURIFYING RESPIRATOR(S)			
RESUSCITATOR--INHALER				LIFELINES			
STANDBY SAFETY PERSONNEL ALERTED				BURNING AND WELDING PERMITS			

NOTE: IF ITEM DOES NOT APPLY ENTER N/A IN THE TIME AND DATE SPACE

RECORD INSTRUMENT READING HOURLY

CONTINUOUS MONITORING	REQUIRED	PEL	TIME	TIME	TIME	TIME	TIME	TIME	TIME
AVAILABLE OXYGEN (% VOLUME)	YES	19.5%-23.5%							
LOWER FLAMMABLE LIMITS (LFL)	YES	2%-5%							
HYDROGEN SULFIDE		PPM							
CARBON MONOXIDE		PPM							
OTHER (LIST)		PPM							

NAME OF ATMOSPHERE TESTER	AUTHORIZED ENTRANT(S)	AUTHORIZED ATTENDANT
INSTRUMENT(S) USED		
MODEL OR TYPE		
SIGNATURE OF ENTRY SUPERVISOR _____	EMERGENCY TELEPHONE NUMBERS	
TELEPHONE: _____	RESCUE:	FIRE: AMBULANCE:
DATE ISSUED: _____	PROGRAM COORDINATOR:	OTHER:
JOB COMPLETED YES <input type="checkbox"/> NO <input type="checkbox"/> REMARKS:		
JOB TERMINATED YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES STATE REASON FOR TERMINATION:		

ORIGINAL COPY TO PROGRAM COORDINATOR DUPLICATE COPY TO BE FILLED BY ENTRANT SUPERVISOR