

CONFINED SPACE ENTRY PERMIT

LOCATION: _____ DATE: _____

Description of confined Space: _____ TIME: _____

Purpose of Entry: _____ EXPIRATION: _____

Person in Charge of Work: _____

Authorized Entrant (s): _____

Attendant: _____ Backup Person: _____

Successfully Completed Training
Successfully Completed First Aid

Yes No (Circle One)
Yes No (Circle One)

Yes No (Circle One)
Yes No (Circle One)

SPECIAL REQUIREMENTS

Lockout De-Energize
Lines Broken – Capped or
blanked
Ventilation
Purge – Flush & Vent
Secure Area

YES	NO

HAZARDOUS WORK

Burning
Welding
Brazing
Open Flames
Non-Sparking Tools
Burning/Welding Permit
Other

YES	NO

HAZARDS EXPECTED

Corrosive Material

Hot Equipment
Flammable Materials
Toxic Materials
Drains Open

YES	NO

Cleaning (Ex: Chemical or Water)
Non-Spark Producing Operations
Spilled Liquids
Pressure Systems
Other

YES	NO

VESSEL CLEANED

Deposits _____
Method _____
Inspection _____
Neutralized With _____
Fire Safety Precautions: _____

PERMIT VALID FOR 8 HOURS ONLY. ALL COPIES WILL REMAIN AT JOBSITE UNTIL JOB IS COMPLETED.

PERSONAL SAFETY

	YES	NO		YES	NO
Respirators			Lighting (Explosive Proof)		
Protective Clothing			Communications		
Head, Hand, & Foot Protection			Buddy System		
Shields			Standby Person		
Lifelines			Emergency Egress Procedures		
Full Body Harness			Emergency Escape Retrieval Equipment		
Fire Extinguishers					

TEST(S) TO BE TAKEN

	Permissible Entry Level	Reading and Time						
% of Oxygen	19.5% to 23.5%							
Carbon Monoxide	+35 PPM							
Hydrogen Sulfide	+10 PPM * 15 PPM							
Sulfur Dioxide	+ 2 PPM * 5 PPM							
Ammonia	* 35 PPM							
Hydrogen Cyanide	(Skin) * 4 PPM							
Lower Flammable Limit	Under 10 %							

* **Short-term exposure limit: Employee can work in the area up to 15 minutes.**

+ **8 hr. Time Weighted Avg.: Employee can work in area 8 hrs (longer with appropriate respiratory protection).**

Note: Continuous/periodic tests shall be established before beginning job.

Any questions pertaining to test requirements contact Safety Office or the Industrial Hygienist.

INSTRUMENTS USED: _____ **CALIBRATION DATE:** _____

Communication Style: (Verbal, Radio, Tapping, or etc.)

Remarks:

Test Performed By:

SIGNATURE

AUTHORIZATIONS:

Entry Supervisor: _____

Entry and Emergency Procedures Understood:

Attendant _____

Rescue _____

Telephone _____

Original to Entry Supervisor
Retain for 1 year