

CONFINED SPACE ENTRY PERMIT

Permit Number _____ Space/Area _____

Purpose of Entry _____

Date of Entry _____ Authorized Duration of Permit
(REQUIRED) _____

Record Hazards of the permit space to be entered				Check or list the measures used to isolate the permit space and to eliminate or control permit space hazards before entry.
Hazard	Yes	No	N/A	
A. Lack of Oxygen				A. Purge - Flush and Vent
B. Oxygen Enrichment				B. Ventilation
C. Combustible Gases/Vapors				C. Lockout/Tagout
D. toxic Gases/Vapors				D. Inerting
E. Chemical Contact				E. Blanking, Blocking, Bleeding
F. Electrical Hazards				F. External Barricades
G. Mechanical Hazards				G. Confined Space Identification Signs
H. Temperature				
I. Engulfment				
J. Entrapment				
K. Others				

Test(s) to Be Taken	Permissible Entry Levels	Readings: Test 1 (Top)	Test 2 (Midpt)	Test 3 (Bottom)	Test 4
A. Percent of Oxygen	19.5% to 23.0%				
B. LEL	0				
C. H2S	0				
D. CO	0				
E.					
Name or Initials of Tester					
Test Times					

Where CONTINUOUS testing is required record time of test and results on back of this sheet. Use additional pages if necessary.

Authorized Entrants: _____, and _____
(Printed full names only, no initials)

and _____, and _____
Authorized Entrant Roster Attached. Yes ____ No ____ ENTRANT ROSTER MUST BE USED TO RECORD TIME.

Attendants: _____ and _____
(Printed full names only, no initials)

Rescue Personnel or Organization:

CONTINUED ON NEXT PAGE

EQUIPMENT REQUIRED (Specify As Required)

Personal Protective Equipment

Atmospheric Monitoring (Where continuous monitoring is required record time and results every 15 minutes.)

Make and Model of Gas Monitor _____ Last Calibration Date _____

Respiratory Protection

Communication Equipment

Ventilating Equipment

Lighting

Barriers/Shields

Rescue Equipment

Other Equipment

Pre-Entry Briefing held: Yes _____ No _____ Contractor Notified Yes _____ No _____ N/A _____
Emergency Services Notified: Yes _____ No _____ Emergency Phone Number _____
Required Permits Obtained: Yes _____ No _____ Entrants and Attendants have received training Yes _____ No _____

Entry Authorized by:

Entry Supervisor _____
PRINTED NAME SIGNATURE DATE TIME(AM/PM)

This Confined Space Permit Has Been CANCELED:

FM Procedure IV:07 Confined Space Entry - Attachment B

By _____ Date _____ Time (AM/PM)
Entry Supervisor