

CONFINED SPACE ENTRY PERMIT

(Must be Posted at Entrance to Permit Required Confined Space)

GENERAL INFORMATION

PERSONNEL

Location _____ Entry Supervisor _____ Attendant(s) _____

Entry Purpose _____ Entrant(s) _____

ADDITIONAL PERMITS REQUIRED

	Yes	No
Hot Work	_____	_____
Lockout / Tagout	_____	_____
Line Breaking	_____	_____
Other (Explain) _____		

COMMUNICATIONS

	Yes	No
Portable Radio / Phone	_____	_____
Hand Signals	_____	_____
Unaided Voice	_____	_____
Other (Explain) _____		

EMERGENCY SERVICES

Name _____ Telephone / Radio _____

HAZARD EXPECTED

	Yes	No		Yes	No		Yes	No
Mechanical	_____	_____	Atmospheric	_____	_____	Other (i.e., Radiation; Noise; Heat; Toxins; etc.)	_____	_____
Electrical	_____	_____	Oxygen Deficiency	_____	_____			
Engulfment	_____	_____	Explosive	_____	_____			
Configuration	_____	_____	Carbon Monoxide	_____	_____			
(Entrapment)	_____	_____	Hydrogen Sulfide	_____	_____			

CONTROL MEASURES

	Yes	No		Yes	No
Isolation (Chemical, Utility, Outlets, etc.)	_____	_____	Area Secured / Posted	_____	_____
Lockout / Tagout / Tryout	_____	_____	Ventilation (Dilution / Local Exhaust)	_____	_____
Line Disconnected	_____	_____	Guarding	_____	_____
Line Blanked / Capped	_____	_____	Inerting / Purging	_____	_____
Other (Explain) _____					

PROTECTIVE EQUIPMENT

	Yes	No		Yes	No		Yes	No
Thermal Protection	_____	_____	Ear Muffs / Plugs	_____	_____	Gloves	_____	_____
Safety Shoes / Boots	_____	_____	Respirators	_____	_____	Coveralls	_____	_____
Fire Extinguisher	_____	_____	Face / Eyes	_____	_____	Safety Harness	_____	_____
Non-Sparking Tools	_____	_____	Head	_____	_____	Life Line	_____	_____
Explosion-Proof Lighting	_____	_____	Tripod Mechanical Winch	_____	_____	GFCI (Ground Fault)	_____	_____
Other (Explain) _____								

ATMOSPHERIC TESTING

Contaminant:	Acceptable Level:	Time(s):
Oxygen	19.5-23.5%	_____
Explosive (Gas / Vapor)	<10% LEL	_____
Hydrogen Sulfide	<10 ppm	_____
Carbon Monoxide	<35 ppm	_____
_____		_____
_____		_____

ENTRY AUTHORIZATION / CANCELLATION

Authorization

Name _____ Date _____

Signature _____ Time _____

Cancellation

Name _____ Date _____

Signature _____ Time _____

Instrument(s) Used _____ Tester (Initials) _____

Send Copies to: EHS (Fax 292-6404)
Department File