***Confined Space Entry Permit***

Date and Time Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date and Time Expires: \_\_\_\_\_\_\_\_

Job site/Space I.D.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equipment to be worked on: \_\_\_\_\_\_\_\_\_\_ Work to be performed: \_\_\_\_\_\_\_\_\_

Stand-by personnel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Atmospheric Checks: Time \_\_\_\_\_\_\_\_

 Oxygen \_\_\_\_\_\_\_\_%

 Explosive \_\_\_\_\_\_\_\_% L.F.L.

 Toxic \_\_\_\_\_\_\_\_PPM

2. Tester's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Source isolation (No Entry): N/A Yes No

 Pumps or lines blinded, ( ) ( ) ( )

 disconnected, or blocked ( ) ( ) ( )

4. Ventilation Modification: N/A Yes No

 Mechanical ( ) ( ) ( )

 Natural Ventilation only ( ) ( ) ( )

5. Atmospheric check after

 isolation and Ventilation:

 Oxygen \_\_\_\_\_\_\_\_\_\_% > 19.5 %

 Explosive \_\_\_\_\_\_\_% L.F.L < 10 %

 Toxic \_\_\_\_\_\_\_\_\_\_\_PPM < 10 PPM H(2)S

 Time \_\_\_\_\_\_\_\_\_\_\_\_

 Testers signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Communication procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Rescue procedures:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. Entry, standby, and back up persons: Yes No

 Successfully completed required

 training?

 Is it current? ( ) ( )

9. Equipment: N/A Yes No

 Direct reading gas monitor -

 tested ( ) ( ) ( )

 Safety harnesses and lifelines

 for entry and standby persons ( ) ( ) ( )

 Hoisting equipment ( ) ( ) ( )

 Powered communications ( ) ( ) ( )

 SCBA's for entry and standby

 persons ( ) ( ) ( )

 Protective Clothing ( ) ( ) ( )

 All electric equipment listed

 Class I, Division I, Group D

 and Non-sparking tools ( ) ( ) ( )

10. Periodic atmospheric tests:

 Oxygen \_\_\_\_% Time \_\_\_\_ Oxygen \_\_\_\_% Time \_\_\_\_

 Oxygen \_\_\_\_% Time \_\_\_\_ Oxygen \_\_\_\_% Time \_\_\_\_

 Explosive \_\_\_\_% Time \_\_\_\_ Explosive \_\_\_\_% Time \_\_\_\_

 Explosive \_\_\_\_% Time \_\_\_\_ Explosive \_\_\_\_% Time \_\_\_\_

 Toxic \_\_\_\_% Time \_\_\_\_ Toxic \_\_\_\_% Time \_\_\_\_

 Toxic \_\_\_\_% Time \_\_\_\_ Toxic \_\_\_\_% Time \_\_\_\_

We have reviewed the work authorized by this permit and the

information contained here-in. Written instructions and safety

procedures have been received and are understood. Entry cannot be

approved if any squares are marked in the "No" column. This permit is

not valid unless all appropriate items are completed.

Permit Prepared By: (Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved By: (Unit Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed By (Cs Operations Personnel):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (printed name) (signature)

This permit to be kept at job site. Return job site copy to Safety

Office following job completion.

Copies: White Original (Safety Office)

 Yellow (Unit Supervisor)

 Hard(Job site)