

CONFINED SPACE ENTRY PERMIT

Date:	Start Time:	End Time:
Company Name:		
Confined Space Location:		
Entry Purpose:		
Entry Supervisor:		Contact Number:
Attendant(s):		
Authorized Entrant(s):		

Description and Condition of the Confined Space:

Description of Emergency and Rescue Procedures including Emergency Contact Numbers:

Equipment	YES	N/A	Initials		YES	N/A	Initials
Air Monitor(s)				Lighting (Explosion Proof)			
Communications				Non-Sparking Tools			
Fall Protection				Protective Clothing			
Fire Extinguisher(s)				Respiratory Protection			
GFCI				Safe Entry (Ladder, etc.)			
Lifeline				Tripod/Rescue			

CONFINED SPACE ENTRY PERMIT

Preparation	YES	N/A	Initials		YES	N/A	Initials
Area Secured, Signs Posted, Barriers in Place				Line(s) Broken, Capped, Blanked			
Atmospheric Monitoring Periodic or Continuous				Lockout/Tagout Protects Hazardous Energy			
Chemical, Utility, and Outlet Lines Isolated				Opening Obstruction Hazards Eliminated			
Communication Plan Set and Equipment Tested				Purge-Flush and Adequate Ventilation			
Contents of the Confined Space Removed				Sharp Edges Removed or Guarded			
Emergency and Rescue Procedures Reviewed				Slip and Trip Hazards Eliminated			
Hot Work Permit Prepared and Available				Stand-by Safety Personnel Ready			

Atmospheric Monitoring		Pre-Entry		During Entry							
Testing	Acceptable Range	Time	Reading	Time	Reading	Time	Reading	Time	Reading	Time	Reading
Oxygen	19.5% - 23.5%										

Include monitoring for oxygen, explosive, and toxic

Air Tester(s) Name and Contact Info:

Monitoring Instruments Used including Type, Model, and Serial/Unit Numbers:

Permit Entry Authorization

Entry Supervisor Signature:

I certify that all existing hazards have been eliminated and required conditions have been satisfied.