

CLASS "A" AND "B" CONFINED SPACE ENTRY PERMIT

ENTRY

Time of Entry: Date _____ Time _____
 Purpose of entry: Inspection ___ Cleaning ___ Maintenance ___ Repair ___ Hot work ___ Other _____
 Brief description of purpose: _____ Location of entry _____

UF EMPLOYEE	UF EMPLOYEE	OTHERS	OTHERS	OTHERS
Name	Time In/Out	Name	Company	Time In/Out

EVALUATION

Does space contain a flammable or combustible gas or liquid? Yes _____ No _____

Does space contain dry explosive dusts or ignitable residues? Yes _____ No _____

If "yes" is the answer to either of the previous two questions, clean, cover, or remove contaminants so tests show no possibility of flames or sparks igniting dry dusts, residues, or flammable gases or vapors.

Is the level of flammable or combustible gases and vapors in the space and adjacent areas well below 10% of the LFL? Yes _____ No _____

Type & S/N of sampling equipment-Model: _____ S/N: _____ Calibration date: _____

ATMOSPHERIC PARAMETERS	OPENING	MIDDLE	BOTTOM	OTHER	SAFE LIMIT
% Oxygen					>19.5% & <21%
% LFL					<10%
Toxic					< PEL or TLV

****Additional readings on back****

Have all energy sources been locked and tagged? Yes _____ No _____

Is there any possibility of entrapment or engulfment by particulate matter? Yes _____ No _____

If yes, have provisions been made to work safely in such an area? Yes _____ No _____

PREPARATION

Have all personnel been adequately trained to work safely? Yes _____ No _____

Have all personnel gone through a pre-entry briefing? Yes _____ No _____

Is the area secure with barricades, and attendant posted? Yes _____ No _____

Do entry personnel have body harness and lifeline, if required? Yes _____ No _____

Do all personnel have required protective equipment (PPE)? Yes _____ No _____

Are there first-aid supplies and rescue provisions? Yes _____ No _____

Is ventilation provided to adequately remove gases/vapors to a safe area? Yes _____ No _____

Are all ventilators and electrical equipment intrinsically safe and approved for the space? Yes _____ No _____

Communication devices to be used: _____ Equipment to be provided: _____

HOT WORK (if applicable)

Are hot work signs posted? Yes _____ No _____

Has a fire watch been posted with portable fire extinguisher during, and 30 minutes after, work in all hot work areas? Yes _____ No _____

Is space inerted? Yes ___ No ___ (If "Yes", with what gas? CO₂ ___ N₂ ___ Steam ___ Other _____)

If inerting is done to control the flammable gas or vapor, continuous monitoring shall be done to assure the O₂ level meets the specification of ANSI/NFPA 306-1992 (must be <5% by volume).

I certify that the above conditions are accurate and validate the entry only for the stated purpose, time, and identified employees, not to exceed work for one shift. If any question was answered "No" and a satisfactory answer was not given, do not issue permit.

Entry supervisor's name (print) _____ Signature _____