Confined Space Entry Permit

Entry Date: _____ Start Time: _____ Completion Time: _____

Description of Work to be Performed: _____

Description of Space

Confined Space ID Number: Type: Classification

Building Name

Location of Confined Space:

Entry Checklist

Potential Hazards Identified?	☐ YES	☐ NO
Communications Established with Operations Center	☐ YES	☐ NO
Emergency Procedures Reviewed ?	☐ YES	☐ NO
Entrants and Attendants Trained?	☐ YES	☐ NO
Isolation of Energy Completed?	☐ YES	☐ NO
Area Secured?	☐ YES	☐ NO
Emergency Escape Retrieval Equipment Available	☐ YES	☐ NO
Personal Protective Equipment Used?	☐ YES	☐ NO

Confined Space Equipment and PPE Used During Entry:

☐ Tripod with Mechanical Winch
☐ Rescue Tripod with Lifeline
☐ Harness
☐ Two-Way Communications
☐ General / Local Exhaust Ventilation
☐ Air Purifying Respirator
☐ Self Contained Breathing Apparatus
☐ Steel Toe Boots
☐ Hard Hat
☐ Safety Glasses / Goggles / Face Shield
☐ Gloves
☐ Chemical Resistant Clothing
☐ Hearing Protection

Other PPE or Equipment Used:

Air Monitoring Results Prior to Entry

Monitor Type: _____ Serial Number: _____

Oxygen _____ % LEL _____ % CO _____ % H2S _____ %

Calibration Performed ? ☐ YES ☐ NO Initials _____

Alarm Conditions ? ☐ YES ☐ NO

Monitoring Performed by (sign): _____ Date: _____ Time: _____

Continuous Air Monitoring Results

Time _____ Oxygen _____ % LEL _____ % CO _____ % H2S _____ %

Time _____ Oxygen _____ % LEL _____ % CO _____ % H2S _____ %

Time _____ Oxygen _____ % LEL _____ % CO _____ % H2S _____ %

Time _____ Oxygen _____ % LEL _____ % CO _____ % H2S _____ %

Authorization

We have reviewed the work authorized by this permit and the information contained here-in. Written instructions and safety procedures hav
been received and are understood. Entry cannot be approved if any squared are marked in the "NO" column. This permit is not valid unless
all appropriate items are completed. This permit is to be kept at the job site. Return site copy to supervisor.

Entrants Name _____ Signature: _____ Date: _____

Attendants Name _____ Signature: _____ Date: _____

Supervisors Name: _____ Signature: _____ Date: _____