



Confined Space Entry Permit

Space Name		Entry #	Purpose of Entry		Permit Expires
Entry Date(s)	Entry Time(s)	Rescue Information			Phone #
Attendant		Attendant	Entrant		Entrant

Hazard Identification	Yes	No	Equipment (Specify)	Required		Check when Provided	Hazard Controls (Specify)	Required		Check when Provided
				Yes	No			Yes	No	
Oxygen deficiency (less than 19.5% at sea level)	<input type="checkbox"/>	<input type="checkbox"/>	1. Respiratory protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Isolate the space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flammable gases or vapors (greater than 10% of the lower flammable limit or greater than 22.5% oxygen at sea level)	<input type="checkbox"/>	<input type="checkbox"/>	2. Protective clothing/ equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Lockout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxic gases or vapors (greater than the Permissible Exposure Limit)	<input type="checkbox"/>	<input type="checkbox"/>	3. Communication equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Clean/purge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical hazards	<input type="checkbox"/>	<input type="checkbox"/>	4. Rescue equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Rescue equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical shock	<input type="checkbox"/>	<input type="checkbox"/>	5. Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Materials harmful to the skin	<input type="checkbox"/>	<input type="checkbox"/>	6. Electrical equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engulfment	<input type="checkbox"/>	<input type="checkbox"/>								
Configuration	<input type="checkbox"/>	<input type="checkbox"/>								

Air Monitoring Results

Air Monitoring Equipment Used:			Times							
			Time	Time	Time	Time	Time	Time	Time	Time
			<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Oxygen Level	Min 19.5%	Max 22.5%								
Flammability		10% LEL								
H ₂ S		10 ppm								
CO		25 ppm								
Cl ₂		1 ppm								
Other (Specify)										

Authorization of Entry Supervisor

Name	Date	Phone	Additional Instructions?		Additional Permits?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list below</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, attach</i>	

Confined Space Entry Review Sheet

Entry Date	Job Number
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Job Description

What Went Well?

What Needs Improvement?