

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 (<i>Specify</i>)	Required	Check when	Hazard Controls (<i>Specify</i>)	Required	Check when
				Yes	No		Provided	Yes
Oxygen deficiency (less than 19.5% at sea level)	<input type="checkbox"/>	<input type="checkbox"/>	1. Respiratory protection	<input type="checkbox"/>	<input type="checkbox"/>	1. Isolate the space	<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"/>	2. Lockout	<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"/>	3. Clean/purge	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical hazards	<input type="checkbox"/>	<input type="checkbox"/>	4. Rescue equipment	<input type="checkbox"/>	<input type="checkbox"/>	4. Rescue equipment	<input type="checkbox"/>	<input type="checkbox"/>
Electrical shock	<input type="checkbox"/>	<input type="checkbox"/>	5. Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	5. Ventilation	<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"/>	6. Other	<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:		<u>Times</u>							
		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 (<i>Specify</i>)									

Authorization of Entry Supervisor			Additional Instructions?	Additional Permits?
Name	Date	Phone	<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?