



CONFINED SPACE ENTRY PERMIT

Valid Date:		Start Time:		End Time:	
Person Completing Entry Permit:				Title:	
Location of Work:					
Description of Work:					
Purpose of Entry:					
Description of Confined Space:					
Are rescue services available?		YES	NO	Verified? YES NO	
SDS Available (if needed)?		YES	NO		
	Name	Signature	Time In	Time Out	
Entry Supervisor					
Entrant					
Entrant					
Entrant					
Entrant					
Attendant			NA	NA	
Acceptable Entry Conditions			Monitor Readings at Time of Permit Test		<i>Gas Monitor Used:</i> (Circle One) Continuously Intermittently
Oxygen	19.5% - 23.5%				
LEL	<10% LEL				
H2S	<10 PPM				
CO	<35 PPM				
Record Monitor Readings Every 30 Minutes					
ENTER TIME					
Oxygen					
LEL					
H2S					
CO					
Gas Monitor Calibration Current:		YES	NO	Serial Number:	
Contractor on site?		YES	NO	Contractor's CS policy in compliance? YES NO	
<i>LIST CONTRACTOR EMPLOYEE NAME AND COMPANY BELOW</i>					



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Type of Ventilation Used:	Natural		Mechanical	(Circle One)																								
Ventilation Start Time:			Ventilation End Time:																									
Results of Ventilation:																												
Required Personal Protective Equipment and Safety Equipment																												
<input type="checkbox"/> Head Protection	<input type="checkbox"/> Air-Line Respirator	<input type="checkbox"/> Body Harness	<input type="checkbox"/> Lighting																									
<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Canister Respirator	<input type="checkbox"/> Atmospheric Tester	<input type="checkbox"/> Radio																									
<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> SCBA	<input type="checkbox"/> Retrieval Lines	<input type="checkbox"/> First Aid Kit																									
<input type="checkbox"/> Hand Protection	<input type="checkbox"/> Escape Pac	<input type="checkbox"/> Life Lines	<input type="checkbox"/> Water																									
<input type="checkbox"/> Protective Clothing																												
<p>List procedures used to stop incoming hazards. Remember, isolation procedures and practices must be listed and verified to be effective.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 65%;">Hazard/Isolation Method</th> <th style="width: 17.5%;">YES</th> <th style="width: 17.5%;">NO</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>					Hazard/Isolation Method	YES	NO																					
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Additional Comments																												
<input type="checkbox"/> Entry Authorization - All actions and/or conditions for safe entry have been performed.																												
<input type="checkbox"/> Entry Cancellation - Entry has been completed and all entrants have left the space.																												
<p><i>I have evaluated this confined space and find it to be in compliance with the appropriate requirements for safe confined space entry.</i></p>																												
Name and Title of Confined Space Entry Supervisor			Signature of Confined Space Entry Supervisor																									