

Confined Space Entry Permit

Date Issued: _____ Time Valid: _____

Date / Time Cancelled: _____ Space to Be Entered: _____

Job to Be Performed: _____

- Lockout / Tagout -

Source of Energy:	N / A	Yes	No
<u>Chemical / Gas / Product Line(s) – All Sources</u>			
○ Misaligned	()	()	()
○ Blinded	()	()	()
○ Double-Block & Bleed	()	()	()
<u>Electrical Power – All Sources</u>			
○ De-energized	()	()	()
○ Locked & Tagged-Out	()	()	()
○ Tested	()	()	()
<u>Other Forms – All Sources</u>			
○ Hydraulic Energy – Lockout / Tagout / Tested?	()	()	()
○ Pneumatic Energy – Lockout / Tagout / Tested?	()	()	()
○ Thermal Energy - Lockout / Tagout / Tested?	()	()	()
○ List Other: _____ / Lockout / Tagout / Tested?	()	()	()

- Space Evaluation Testing -

	N / A	Yes	No
○ Instrument Bump-Tested Prior to Testing w/ no Errors?	--	()	()

Time Completed: _____ am / pm Instrument Info: _____

Oxygen %: _____ LEL %: _____ H₂S ppm: _____ CO ppm: _____

Permissible: 19.5% - 23.5% 0% - 5% LEL 0 – 5 PPM 0 – 25 PPM

Tester Name: _____ Tester Signature: _____

- Space Normalization -

Purging Utilized	N / A	Yes	No
○ Forced Air Ventilation	()	()	()
○ Exhaust Ventilation	()	()	()

- Space Verification Testing -

Time Completed: _____ am / pm

Oxygen %: _____ LEL %: _____ H₂S ppm: _____ CO ppm: _____

Tester Name: _____ Tester Signature: _____

- Emergency & Rescue Procedures -

Emergency (Requiring Exit & Permit Closure) = “Any occurrence (including any failure of [power], hazard control, or monitoring equipment) or event internal or external to the permit space that could endanger entrants.”

Who will perform *Entry Rescue* if needed? _____

Ability to Summon / Availability Confirmed By: _____ Signature: _____

Ambulance #: _____ Fire #: _____ Safety #: _____

	Yes	No
<input type="radio"/> Have rescuers <i>practiced</i> rescue in similar entry conditions <i>within the last year</i> ?	()	()
<input type="radio"/> Does at least one member of the rescue team hold <i>current</i> certification in 1 st Aid & CPR?	()	()
<input type="radio"/> Is a <i>separate</i> permit process in-place for ENTRY RESCUES (if they are to be utilized)?	()	()

- Normal Entry Communication Procedures -

Describe Communications System: _____

- Confined Space Equipment -

<u>Ventilator</u>			
<input type="radio"/> 5 Air Changeovers Completed?	()	()	()
<input type="radio"/> Bonded & Grounded (if applicable)?	()	()	()
<input type="radio"/> Will Be Continuously Used during Entry?	()	()	()
<u>Respiratory Protection Selected</u>			
<input type="radio"/> Filtering Facepiece	()	()	()
<input type="radio"/> Half-Mask w/ Filters & / or Cartridges	()	()	()
<input type="radio"/> Full-Mask w/ Filters & / or Cartridges	()	()	()
<input type="radio"/> PAPR	()	()	()
<input type="radio"/> Airline Respirator (with Escape if in IDLH)	()	()	()
<input type="radio"/> SCBA	()	()	()

	Yes	No
<input type="radio"/> Have users been medically evaluated and fit-tested?	()	()
<input type="radio"/> Does the respirator meet “Maximum Use Concentration” for hazards to be encountered?	()	()

	N / A	Yes	No
<u>Chemical Protective Clothing</u>			
<input type="radio"/> Has clothing been selected based on hazard types & exposure levels?	()	()	()
<input type="radio"/> Was the clothing properly decontaminated / inspected?	()	()	()
<input type="radio"/> Are eye and body wash stations available for overexposure / splash?	()	()	()
<input type="radio"/> Are decontamination facilities present for post-work cleanup?	()	()	()

	N / A	Yes	No
Hot Work			
○ Has the permit been completed?	()	()	()
○ Has proper PPE been selected?	()	()	()
○ Has PPE been inspected for damage?	()	()	()
○ Fire Watch on Duty?	()	()	()
○ Fire Extinguisher Available?	()	()	()
Entry / Rescue Equipment			
○ Harness selected, inspected and worn?	()	()	()
○ Davit selected, inspected and set up?	()	()	()
○ Tripod selected, inspected and set up?	()	()	()
○ Winch selected, inspected and set up?	()	()	()
○ SRL with rescue winch selected, inspected and set up?	()	()	()
○ SCBAs for stand-by personnel?	()	()	()

- Initial Beside All PPE to Be Used -

Ear Plugs / Muffs	Safety Glasses	Goggles	Face Shield	Protective Gloves
Protective Footwear	Hard Hat	Protective Apron	Protective Sleeves	Long-Sleeves & Pants
Chemical Clothing	Respirator	Welding Shield	List Other:	

- Initial Beside All Other Equipment to Be Used -

Lighting / IS Lighting	IS Ventilator	IS Clothing & Boots	Non-Sparking Tools
Area Barrier	Area C.S. Signage	Temporary Ladder	Double-Insulated Tools

****Record Periodic / Continuous Monitoring Results Every 2 Hours****

Time Completed: _____ am / pm

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