



CONFINED SPACE ENTRY PERMIT

Location of Confined Space _____

Purpose of Entry _____

Date of Entry _____ Authorized Duration of Entry Permit _____

Authorized Entrants _____

Attendants _____

Entry Supervisor _____

Authorizing Entry _____ Signature _____ Date & Time _____

Record hazards of the permit space to be entered.				Check or list the measures used to isolate the permit space and to eliminate or control permit space hazards
HAZARD	YES	NO	N/A	
A. Lack of Oxygen				<input type="checkbox"/> Purge-Flush and Vent
B. Oxygen Enrichment				<input type="checkbox"/> Ventilation
C. Combustible Gases/Vapors				<input type="checkbox"/> Lockout/Tag Out
D. Toxic Gases/Vapors				<input type="checkbox"/> Pump residuals from space
E. Chemical Contact				<input type="checkbox"/> Blanking, Blocking, Bleeding
F. Electrical Hazards				<input type="checkbox"/> External Barricades
G. Mechanical Hazards				<input type="checkbox"/> Confined Space Identification/Signs
H. Temperature				
I. Engulfment				
J. Entrapment				
K. Flooding/Steam				
L. Others				

Test(s) To Be Taken		Readings: Continuous monitoring required. Record readings every 15 minutes minimum			
Permissible Entry Levels		Reading 1	Reading 2	Reading 3	Reading 4
Oxygen Level (%)	19.5% - 23.5%				
Combustibles	<10% LEL				
Carbon Monoxide	0 ppm				
Hydrogen Sulfide	0 ppm				
Sulfur Dioxide (power plant)	0 ppm				
Chlorine (water distribution)					
Name or Initials of Tester					
Test times					
Additional meter readings log available on back of sheet					

Equipment supplied to the employee			
YES	NO	N/A	Equipment
			(i) Gas Test and Monitoring Name _____ Model/Type _____ Serial/Unit No. _____
			(ii) Ventilating
			(iii) Communications *Call Service Desk if phone service not available
			(iv) Personal Protective Equipment <input type="checkbox"/> Safety Harness with Life Lines <input type="checkbox"/> Hard Hats <input type="checkbox"/> Hand <input type="checkbox"/> Eye <input type="checkbox"/> Foot <input type="checkbox"/> Respiratory <input type="checkbox"/> Ear <input type="checkbox"/> Clothing <input type="checkbox"/> Face
			(v) Lighting
			(vi) Barriers/Shields <input type="checkbox"/> Pedestrian <input type="checkbox"/> Vehicle <input type="checkbox"/> Other
			(vii) Safe Ingress/Egress <input type="checkbox"/> Ladders
	Dial 911		(viii) Rescue and Emergency <input type="checkbox"/> Lifelines <input type="checkbox"/> Hoists/Retractable *Radio Service Desk if phone service not available
			(ix) Other Safety Equipment <input type="checkbox"/> Generator <input type="checkbox"/> Ventilation <input type="checkbox"/> Trash pump

THIS CONFINED SPACE ENTRY PERMIT HAS BEEN CLOSED:

By: _____ AM
Entry Permit Supervisor _____ PM
Time _____ Date _____



Confined Space Entry Permit Meter Readings (continued)

Test(s) To Be Taken	Permissible Entry Levels	Time: . Reading 5	Time: . Reading 6	Time: . Reading 7	Time: . Reading 8
Oxygen Level (%)	19.5% - 23.5%				
Combustibles	<10% LEL				
Carbon Monoxide	0 ppm				
Hydrogen Sulfide	0 ppm				
Sulfur Dioxide (power plant)	0 ppm				
Chlorine (water distribution)	0 ppm				
Name or Initials of Tester					

Test(s) To Be Taken	Permissible Entry Levels	Time: . Reading 9	Time: . Reading 10	Time: . Reading 11	Time: . Reading 12
Oxygen Level (%)	19.5% - 23.5%				
Combustibles	<10% LEL				
Carbon Monoxide	0 ppm				
Hydrogen Sulfide	0 ppm				
Sulfur Dioxide (power plant)	0 ppm				
Chlorine (water distribution)	0 ppm				
Name or Initials of Tester					

Test(s) To Be Taken	Permissible Entry Levels	Time: . Reading 13	Time: . Reading 14	Time: . Reading 15	Time: . Reading 16
Oxygen Level (%)	19.5% - 23.5%				
Combustibles	<10% LEL				
Carbon Monoxide	0 ppm				
Hydrogen Sulfide	0 ppm				
Sulfur Dioxide (power plant)	0 ppm				
Chlorine (water distribution)	0 ppm				
Name or Initials of Tester					

Test(s) To Be Taken	Permissible Entry Levels	Time: . Reading 17	Time: . Reading 18	Time: . Reading 19	Time: . Reading 20
Oxygen Level (%)	19.5% - 23.5%				
Combustibles	<10% LEL				
Carbon Monoxide	0 ppm				
Hydrogen Sulfide	0 ppm				
Sulfur Dioxide (power plant)	0 ppm				
Chlorine (water distribution)	0 ppm				
Name or Initials of Tester					