

CONFINED SPACE ENTRY PERMIT

PERMIT VALID FOR 8 HOURS ONLY. ALL PERMIT COPIES MUST REMAIN AT THE SITE UNTIL JOB IS COMPLETED.

Date: _____ Site location /description: _____

Purpose of entry: _____

Supervisor (s) in charge of crews	Type of Crew	Telephone #
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Communication procedures:

Rescue procedures (telephone number at bottom):

BOLD INDICATES MINIMUM REQUIREMENTS TO COMPLETE AND REVIEW PRIOR TO ENTRY
 Note: For Items that do not apply, enter N/A in the blank.

REQUIREMENTS COMPLETED	DATE	TIME	REQUIREMENTS COMPLETED	DATE	TIME
Lockout/De-energize/Tagout			Full Body Harness w/"D" Ring		
Line(s) Broken-Capped-Blank			Emergency Escape Retrieval Equipment		
Purge-Flush and Vent			Lifelines		
Ventilation			Fire Extinguishers		
Secure Area (Post and Flag)			Lighting (Explosive proof)		
Breathing Apparatus			Protective Clothing		
Resuscitator - Inhalator			Respirator(s) (Air Purifying)		
Standby Safety Personnel			Burning and Welding Permit		

Continuous Monitoring: Yes No

Periodic Monitoring Frequency: _____

Test(s)	Permissible entry level
Percent of oxygen	19.5% TO 23.5%
Lower flammable limit	Under 10%
Carbon monoxide	+35 PPM
Aromatic Hydrocarbon	+1 PPM *5 PPM
Hydrogen Cyanide	(Skin) *4 PPM
Hydrogen Sulfide	+10 PPM *15 PPM
Sulfur Dioxide	+2 PPM *5 PPM
Ammonia	* 35 PPM

- * Short-term exposure limit: Employees can work in the area up to 15 minutes.
- + 8 hour Time Weighted Average: Employees can work in the area 8 hours (longer with appropriate respiratory protection).

REMARKS: _____

CONFINED SPACE ENTRY PERMIT

GAS TESTER NAME & CHECK #: _____

INSTRUCTIONS USED: _____

MODEL &/OR TYPE: _____

SERIAL &/OR UNIT #: _____

SAFETY STANDBY IS REQUIRED FOR ALL CONFINED SPACE WORK

SAFETY STANDBY PERSON(S)

CHECK#

CONFINED SPACE ENTRANT(S)

CHECK #

SUPERVISOR AUTHORIZATION - ALL CONDITIONS SATISFIED:

Department or phone number: _____

EMERGENCY CONTACT PHONE NUMBERS:

Ambulance: _____

Fire: _____

Safety: _____

Gas coordinator: _____

CONFINED SPACE ENTRY CERTIFICATION
"HAZARDOUS ATMOSPHERE ONLY" ALTERNATE PROCEDURES
 1926.1203 (e) (1) and 1926.1203 (e) (2)

LOCATION: _____

CONFINED SPACE DESCRIPTION: _____

DESCRIPTION	INITIAL
• All physical hazards in the space have been eliminated or isolated	
• Continuous forced air ventilation is in place to control any actual or potential hazardous atmosphere	
• Monitoring and Inspection data is readily available. Inspection was done prior to entry and then continually during entry	
• NO ENTRY was required to apply these alternate procedures	
• All hazards associated with the entrance cover removal were eliminated prior to removal	
• Entrance cover openings are properly guarded	
• If any hazard is detected during entry, all entrants are required to leave the space.	

DO NOT ENTER IF PERMISSIBLE ENTRY LEVELS ARE EXCEEDED		Test Start and Stop Time:	
	Permissible Entry Level	Start	Stop
% of Oxygen	19.5% to 23.5%		
% of LEL	Less than 10%		
Carbon Monoxide	35 PPM (8 hr.)		
Hydrogen Sulfide	10 PPM (8 hr.)		
Other			

Name(s) of Person(s) testing: _____

Test Instrument(s) used – Include Name, Model, Serial Number and Date Last Calibrated: _____

CFM-Ventilation	Size-Cubic Feet	Start Time	Stop Time

ENTRY CERTIFICATION

 NAME (PRINT)

 SIGNATURE

 DATE

 ENTRY TIMES