

Confined Space: Entry Permit

URL: <http://www-group.slac.stanford.edu/esh/eshmanual/references/confinedPermit.pdf> or [Word](#)

Revision Record: <https://www-internal.slac.stanford.edu/esh/docreview/reports/revisions.asp?ProductID=163>

Department: Field Safety and Building Inspection Office

Program: Confined Space

Authority: [ESH Manual, Chapter 6, Confined Space](#)

Date Effective: 15 October 2009

This permit establishes that all hazards have been identified and controlled and lists authorized entrants, attendant, and entry supervisor. For details, see [Confined Space: Entry Procedures](#).

This permit (or equivalent subcontractor's SLAC-approved permit) must be completed and signed by the confined space entry supervisor before work begins, remain in use at the job site until work is complete, and sent to the confined space program manager once work is complete.

Permit Conditions

Reason for entry:	Entry date: Permit expiration <i>(date and time)</i> :
Confined space entry supervisor:	Acceptable entry conditions:
Attendant:	
Attendant:	
Entrant:	
Entrant:	
See the confined space inventory for the following information	
Tracking number:	
Description:	Location:
Known and potential hazards:	
Additional required permits <i>(for example hot work, radiological work permit, penetration permit)</i> :	
Required for this entry <i>(check all that apply)</i>	
Equipment	Personal protective equipment and personal monitors
Non-entry rescue equipment <input type="checkbox"/> Full body harness <input type="checkbox"/> Tripod / hoist <input type="checkbox"/> Lifeline	Gloves: <input type="checkbox"/> Leather <input type="checkbox"/> Impervious <input type="checkbox"/> Chemical resistant <input type="checkbox"/> Other:
Area security: <input type="checkbox"/> Warning signs <input type="checkbox"/> Barricades	Face / eye protection: <input type="checkbox"/> Face shield <input type="checkbox"/> Goggles <input type="checkbox"/> Other:
<input type="checkbox"/> Ladder	<input type="checkbox"/> Footwear
<input type="checkbox"/> Fall protection equipment	<input type="checkbox"/> Coveralls
<input type="checkbox"/> Ventilation fan or blower	<input type="checkbox"/> Head protection
<input type="checkbox"/> Fire extinguisher	<input type="checkbox"/> Radiation dosimeter(s)
<input type="checkbox"/> Self-contained breathing apparatus (SCBA)	<input type="checkbox"/> Pocket ion chamber (PIC)
<input type="checkbox"/> Air purifying respirator: specify cartridge type:	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

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Pre-entry Checklist

<input type="checkbox"/> Verify adequate confined space training <input type="checkbox"/> Pre-entry briefing on specific hazards and control methods <input type="checkbox"/> Notify subcontractors of permit and hazard conditions <input type="checkbox"/> Non-entry rescue and procedure in place <input type="checkbox"/> Notify affected departments and persons of service interruption <input type="checkbox"/> Lines blocked or broken <input type="checkbox"/> Drain space	Control of hazardous energy: <input type="checkbox"/> Lockout / tagout (LOTO) <input type="checkbox"/> Zero-voltage verification (ZVV) <input type="checkbox"/> Other: Communication: <input type="checkbox"/> Radio <input type="checkbox"/> Rope signals <input type="checkbox"/> Hand signals <input type="checkbox"/> Verbal Lighting: <input type="checkbox"/> Hazardous location rated <input type="checkbox"/> Standard Air flush: <input type="checkbox"/> Preliminary <input type="checkbox"/> Continuous
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Personnel Entry and Exit Record

	Time in	Time out	Time in	Time out
Entrant:				
Entrant:				
Entrant:				
Attendant:				
Attendant:				

Air Monitoring

Attendant will sample air Continuously Every ____ minutes No sampling required because:

Device:	Sequence or serial number	Calibration due date	Pre-use check performed by	Notes

Monitoring results

Time	Sampled by	<input type="checkbox"/> O ₂ (19.5–23.5%)	<input type="checkbox"/> (LEL/LFL <10%)	<input type="checkbox"/> CO (<25 ppm)	<input type="checkbox"/> H ₂ S (<10 ppm)	<input type="checkbox"/> Stratification	<input type="checkbox"/> Other:

Pre-entry Certification *(must be signed by the confined space entry supervisor before work begins)*

I hereby certify that all required hazard controls are in place, that air monitoring is being conducted as required and results show that the atmosphere is acceptable for entry, and that all required information is documented on this permit.

Signature: _____ Date: _____

Permit Closure *(must be signed by the confined space entry supervisor after work is completed)*

The work was done in accordance with this permit. A copy of this permit will be forwarded to the confined space program manager (Mailstop 84).

Signature: _____ Date: _____