Confined Space Entry Permit

**Applicability.** This permit establishes that all hazards have been identified and controlled and it lists the confined space (CS) entry supervisor and authorized entrants and attendants.

**Instructions.** This permit must be completed and signed by the CS entry supervisor (Pre-entry Certification) before anyone enters the space and kept at or near the entrance to the space during entry. Once the work is completed, the CS entry supervisor must close the permit by signing the Permit Closure. To ensure entry conditions are acceptable, this permit is good for one day only. For work lasting more than one day, a separate permit is needed for each day's work.

Permit Conditions

|  |  |
| --- | --- |
| Reason for entry: | Entry date: |
| Entrant: | Acceptable entry conditions: |
| Entrant: |
| Entrant: |
| Attendant: |
| Attendant: |
| Location: | |
| Space description: | |
| Known and potential hazards: | |
| Additional required permits *(for example hot work, penetration permit)*: | |

Requirements Checklist *(check all that apply)*

|  |  |
| --- | --- |
| Equipment | Personal protective equipment and personal monitors |
| Non-entry rescue equipment  Full body harness  Tripod / hoist  Lifeline | Gloves:  Leather  Impervious  Chemical resistant  Other: |
| Area security:  Warning signs  Barricades | Face / eye protection:  Face shield  Goggles  Safety glasses |
| Ladder | Footwear |
| Fall protection equipment | Coveralls |
| Ventilation fan or blower | Head protection |
| Fire extinguisher | Radiation dosimeter(s) |
| Air purifying respirator: specify cartridge type: | Pocket ion chamber (PIC) |
| Other: | Other: |
| Other: | Other: |

Pre-entry Checklist

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

Personnel Entry and Exit Record *(to be completed as needed before and during work)*

| Attendant name: | Entrant name: | Entrant name: | Entrant name: | Entrant name: | Entrant name: | Entrant name: |
| --- | --- | --- | --- | --- | --- | --- |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |
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| Time in |  |  |  |  |  |  |
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| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Notes: | | | | | | |

Air Monitoring Results

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Attendant will sample air  Initially  Every \_\_\_\_\_\_ minutes  Continuously | | | | | | | |
| Device | | | Sequence or  serial number | Calibration due date | Pre-use check performed by | Notes | |
|  | | |  |  |  |  | |
|  | | |  |  |  |  | |
| Time | Sampled by | O2  (19.5–23.5%) | (LEL/LFL <10%) | CO  (<25 ppm) | H2S  (<10 ppm) | Stratification | Other: |
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Pre-entry Certification *(must be signed by the confined space entry supervisor before entry)*

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| --- | --- |
| 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.  Name: | |
| 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.  Name: | |
| Signature: | Date: |