

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 <i>(for example hot work, penetration permit)</i> :	

Requirements Checklist *(check all that apply)*

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 Area security: <input type="checkbox"/> Warning signs <input type="checkbox"/> Barricades <input type="checkbox"/> Ladder <input type="checkbox"/> Fall protection equipment <input type="checkbox"/> Ventilation fan or blower <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Air purifying respirator: specify cartridge type: <input type="checkbox"/> Other: <input type="checkbox"/> Other:	Gloves: <input type="checkbox"/> Leather <input type="checkbox"/> Impervious <input type="checkbox"/> Chemical resistant <input type="checkbox"/> Other: Face / eye protection: <input type="checkbox"/> Face shield <input type="checkbox"/> Goggles <input type="checkbox"/> Safety glasses <input type="checkbox"/> Footwear <input type="checkbox"/> Coveralls <input type="checkbox"/> Head protection <input type="checkbox"/> Radiation dosimeter(s) <input type="checkbox"/> Pocket ion chamber (PIC) <input type="checkbox"/> Other: <input type="checkbox"/> Other:

Confined Space Entry Permit

Pre-entry Checklist

<input type="checkbox"/> Verify adequate confined space training	Control of hazardous energy: <input type="checkbox"/> Lockout / tagout (LOTO) <input type="checkbox"/> Zero-voltage verification (ZVV) <input type="checkbox"/> Other:
<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	Communication: <input type="checkbox"/> Radio <input type="checkbox"/> Rope signals <input type="checkbox"/> Hand signals <input type="checkbox"/> Verbal
<input type="checkbox"/> Lines blocked or broken	Lighting: <input type="checkbox"/> Hazardous location rated <input type="checkbox"/> Standard
<input type="checkbox"/> Drain space	Air flush: <input type="checkbox"/> Preliminary <input type="checkbox"/> Continuous
<input type="checkbox"/> Other:	<input type="checkbox"/> 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 out						
Time in						
Time out						

Notes:

Confined Space Entry Permit

Air Monitoring Results

Attendant will sample air <input type="checkbox"/> Initially <input type="checkbox"/> Every _____ minutes <input type="checkbox"/> Continuously							
Device			Sequence or serial number	Calibration due date	Pre-use check performed by	Notes	
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 entry)*

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: _____