



NATIONAL ACCELERATOR LABORATORY

ENVIRONMENT, SAFETY & HEALTH DIVISION

Chapter 6: [Confined Space](#)

Entry Permit

Product ID: [163](#) | Revision ID: 2163 | Date Published: 30 March 2020 | Date Effective: 30 March 2020

URL: <https://www-group.slac.stanford.edu/esh/eshmanual/references/confinedPermit.pdf> | [docx](#)

This form is available in the following formats:

1. Adobe Acrobat (pdf) (attached)
2. Microsoft Word ([docx](#))

A generic version, for use by construction subcontractors who do not have their own equivalent form, is also available:

1. Adobe Acrobat ([pdf](#))
2. Microsoft Word ([docx](#))



NATIONAL ACCELERATOR LABORATORY

ENVIRONMENT, SAFETY & HEALTH DIVISION

Chapter 6: Confined Space

Entry Permit

Product ID: [163](#) | Revision ID: 2163 | Date Published: 30 March 2020 | Date Effective: 30 March 2020

URL: <https://www-group.slac.stanford.edu/esh/eshmanual/references/confinedPermit.pdf> | [docx](#)

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. For more information, see [Confined Space: Entry Procedures](#) (SLAC-I-730-0A21C-007).

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 and sending it to the CS program manager (M/S 22); the closed permit must be retained for a minimum of one year. 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, radiological work permit, 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:

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						
Time out						
Time in						
Time out						
Time in						
Time out						
Time in						
Time out						
Time in						
Time out						
Time in						
Time out						
Time in						
Time out						
Notes:						

