

**1. GENERAL INFORMATION**

CONFINED SPACE LOCATION: _____	
REASON FOR PERMIT: _____	DATE/TIME ISSUED: _____ / _____
ENTRY LEAD PERSON: _____	DATE/TIME EXPIRES: _____ / _____

2.  This is a "PERMIT REQUIRED" confined space entry. (All Sections of this form must be completed.)
- This is a CERTIFICATE for an "ALTERNATE PROCEDURE" confined space entry. (Complete Sections 1, 6, 10, and 13. Use Section 15, "Notes and Additional Comments," to justify "entry level.")
- This is a CERTIFICATE for a "NON-PERMIT REQUIRED" confined space entry. All hazards have been eliminated. (For "down-grades only," complete Sections 1, 6, and 13. Use Section 15, "Notes and Additional Comments," to justify "entry level.")

<b>3. ENTRANT(S)</b>	<b>4. ATTENDANT(S)</b>
	<b>5. STANDBY PERSON(S)</b>

**6. CONFINED SPACE PRE-ENTRY CHECKLIST**

**CHECKLIST INSTRUCTIONS:** The Entry Supervisor shall answer and initial each checklist item as it is completed. The Entry Supervisor shall authorize work to begin by signing below, only after all checklist items have been appropriately addressed. The Entry Supervisor shall cancel the permit by signing below after work is completed, or as conditions arise that are out of compliance with the checklist.

	YES	N/A	INITIAL
A. Have all personnel been appropriately trained and instructed in Confined Space Entry procedures?			
B. Have emergency communication and action procedures been identified and explained?			
C. Has equipment been locked/blocked/tagged out (i.e., electrical, mechanical, process flow lines, etc.)?			
D. Does a risk of fire and/or explosion exist? have appropriate control procedures been implemented?			
E. Has a Hot Work Permit been obtained? (only required if potential for fire or explosion exists)			
F. Are the air blowers sufficient to maintain an atmosphere free of harmful vapors and gases?			
G. Has the gas detector been inspected for proper operation and is it calibrated?			
H. Is the space and surrounding area free of harmful vapors/gases and/or other recognizable hazards?			
I. Has the appropriate fall protection/retrieval equipment been installed and inspected?			
J. Are air blowers in the appropriate position and operating properly?			
K. Is the body harness in good condition and worn properly?			
L. Is explosion proof equipment required (i.e., lighting, radios, blowers, tools, etc.)?			
M. Have you identified all recognized hazards associated with this entry?			
N. Has the entry area been secured with barriers to prevent pedestrian traffic from entering the work site?			
O. Is vehicle traffic control equipment in place?			
P. Is other appropriate safety equipment being supplied and used (i.e., hard hats, waders, SARs, SCBA, etc.)?			

**7. LIST POTENTIAL HAZARDS OF THE SPACE**

**8. LIST SAFETY EQUIPMENT REQUIRED**


**9. METHOD OF ATTENDANT & ENTRANT COMMUNICATION**

**10. METHOD FOR CONTACTING EMERGENCY SERVICES/RESCUE PERSONNEL**


**11. ALL HAZARDS ASSOCIATED WITH THIS ENTRY HAVE BEEN APPROPRIATELY ADDRESSED. WORK IS HEREBY AUTHORIZED TO BEGIN.**

\_\_\_\_\_ Entry Supervisor's Signature

\_\_\_\_\_ Date and Time

**12. CONFINED SPACE WORK IS COMPLETE. THIS PERMIT IS HEREBY CANCELED**

\_\_\_\_\_ Entry Supervisor's Signature

\_\_\_\_\_ Date and Time

Additional Sampling Results Attached.

**13. SAMPLING RESULTS (Permit Spaces Only)**

EVENT	TIME	*PERCENT OXYGEN READING (% O <sub>2</sub> )	*PERCENT EXPLOSIMETER READING (% OF LEL)	*HYDROGEN SULFIDE READING (H <sub>2</sub> S ppm)	*CARBON MONOXIDE (CO ppm)	Detectable Odors	
						Observed	Describe
Exit space if readings are:		Greater than 23% Less than 19.6%	Greater than 9% of the LEL	Greater than 9 ppm	Greater than 24 ppm	Yes/No	If Yes
Pre-Entry Readings							
Ventilation Started							
Entry Into PR Space							
Te + 1 hrs							
Te + 2 hrs							
Te + 3 hrs							
Te + 4 hrs							
Te + 5 hrs							
Te + 6 hrs							
Te + 7 hrs							
Te + 8 hrs							

NOTE: Gas detection equipment must be operational during the entire occupancy of a "Permit Required Confined Space" and an "Alternate Entry Procedure Confined Space."

**14. EMPLOYEE ENTRY/EXIT LOG**

Additional Entry/Exit Log(s) Used and Attached.

NAME	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT

**15. NOTES AND ADDITIONAL COMMENTS**

NOTE: THIS PERMIT MUST BE MAINTAINED IN YOUR DEPARTMENT FILES FOR NO LESS THAN ONE (1) YEAR

\*If this is not a potential hazardous atmospheric condition, then testing for the presence of this gas is not necessary and an "NA" may be placed in the results space. If another hazardous atmospheric condition is present (i.e., welding fumes, excessive heat, toxic solvent vapors, etc.) a different air monitoring approach may be necessary. It is the responsibility of the Entry Supervisor to determine what hazardous conditions are actually present and to appropriately test for and address those conditions.