

**1. General Information**

<b>Confined Space Location:</b>	
<b>Reason for Permit:</b>	<b>Date / Time Issued:</b>
<b>Entry Supervisor:</b>	<b>Date / Time Permit Expires:</b>

**2. Entrants**

**3. Attendants**

**4. Standby Person(s)**


**5. Type of Confined Space Entry**

This is a **“PERMIT REQUIRED”** Confined Space. Complete all sections below

This is an **“ALTERNATE ENTRY PROCEDURE”** Confined Space. Complete shaded sections (# 10, 11 and 13). Use section #15 for notes and comments if necessary

This is a **“NON-PERMIT REQUIRED CONFINED SPACE”**. All hazards have been eliminated

**6. Confined Space Pre-Entry Check List**

**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 if conditions arise that are out of compliance with the checklist

	YES	NO	N/A	Initial
A. Have all personnel been appropriately trained and instructed in CSE procedures?				
B. Have emergency communications and action procedures been identified and explained?				
C. Have all hazardous sources of energy been locked / tagged out?				
D. Is a Hot Work Permit required?				
E. Are air blowers positioned and operating properly?				
F. Are the air blowers in use sufficient to maintain an atmosphere free from contaminants?				
G. Is the gas detector within calibration limits and operating properly?				
H. Is the space and surrounding area free of harmful vapors and gases?				
I. Has the appropriate fall protection / retrieval equipment been installed and inspected?				
J. Has the body harness been properly donned and inspected?				
K. Is a fire extinguisher available?				
L. Is explosion proof equipment required (i.e. lighting, radios, blowers, etc)?				
M. Is an appropriately maintained First Aid Kit available?				
N. Is the entry area secured and marked with barriers?				
O. Is traffic control equipment in place?				
P. Is other safety equipment necessary (i.e. hard hat, SCBA, etc)?				

**7. List of Potential Hazards of the Space**

**8. List Safety Equipment Required**


**9. Method of Attendant / Entrant Communication**

**10. Method for Contacting Emergency Services Personnel**


**11.** All concerns associated with this Confined Space Entry have been appropriately addressed. Work is hereby authorized to begin.

<b>Entry Supervisor's Signature</b>	<b>Date and Time</b>

**12.** Confined Space work is complete. This permit is hereby cancelled.

Entry Supervisor's Signature	Date and Time

**13. Sampling Results (Permit Spaces Only)**

Additional Sampling Results attached

Event	Time	Percent Oxygen Reading (%O <sub>2</sub> )	Percent Explosimeter Reading (% of LFL)	Hydrogen Sulfide Reading (H <sub>2</sub> S) PPM)	Carbon Monoxide (CO PPM)	Detectable Odors	
						Observed YES / NO	Describe If Yes
Exit Space if reading are:		> 22.2 % < 19.5 %	Greater than 9% of LFL	Greater than 9 PPM	Greater than 34 PPM		
Pre-Entry Readings						Y N	
Ventilation Started						Y N	
Entry into PR Space						Y N	
Te +1 hrs						Y N	
Te +2 hrs						Y N	
Te +3hrs						Y N	
Te +4 hrs						Y N	
Te +5 hrs						Y N	
Te +6 hrs						Y N	
Te +7 hrs						Y N	
Te +8 hrs						Y N	

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**

Name	Time In	Time Out	Time In	Time Out	Time In	Time Out

**15. Notes and Additional Information**

Sampling Equipment:  
 Manufacturer  
 Model and Serial Number  
 Calibration Date

NOTE: This Permit must be maintained in your Department for no less than one (1) year