

CONFINED SPACE ENTRY PERMIT



Location / Description of Confined Space

Purpose of Entry

Scheduled Start

Scheduled Finish

Date Time

Date Time

Entrant(s)

Attendant(s)

Pre-Entry Authorization (Check those items below which are applicable to your confined space entry permit)

- | | | |
|--|---|---|
| <input type="checkbox"/> Oxygen-Deficient Atmosphere | <input type="checkbox"/> Engulfment | <input type="checkbox"/> Energized Electric Equipment |
| <input type="checkbox"/> Oxygen-Enriched Atmosphere | <input type="checkbox"/> Toxic Atmosphere | <input type="checkbox"/> Entrapment |
| <input type="checkbox"/> Welding/Cutting | <input type="checkbox"/> Flammable Atmosphere | <input type="checkbox"/> Hazardous Chemical |

Safety Precautions

- | | | |
|--|---|--|
| <input type="checkbox"/> SCBA | <input type="checkbox"/> Respirators | <input type="checkbox"/> Signs Posted |
| <input type="checkbox"/> Ventilation | <input type="checkbox"/> LOTO | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Protective Gloves | <input type="checkbox"/> Fire Extinguishers | <input type="checkbox"/> Harness and Rescue Line |

Environmental Conditions

TEST	Oxygen _____%
	LEL _____%
	Toxic Atmosphere? _____
	Instrument Used _____
	Signature _____

RETEST	Oxygen _____%
	LEL _____%
	Toxic Atmosphere? _____
	Instrument Used _____
	Signature _____

Entry Authorization (All actions and/or conditions for safe entry have been performed)

Person in Charge of Entry _____ Supervisor _____

Entry Cancellation (Entry has been completed and all entrants have left the space)

Person in Charge of Entry _____