

CONFINED SPACE ENTRY PERMIT

DATE PERMIT ISSUED:	TIME PERMIT ISSUED:	EXPIRATION DATE:	TIME OF EXPIRATION:
LOCATION (FAC #):		DESCRIPTION:	
PURPOSE OF ENTRY:			DEPT./D/W/ IOP:
AUTHORIZED ENTRANT(S):		AUTHORIZED ATTENDANT(S):	
TIME OF ACTUAL ENTRY:		TIME OF COMPLETION OF ENTRY:	

ATMOSPHERIC TEST DATA

TEST	PRE-ENTRY RESULTS	FOLLOW-UP TESTING RESULTS			
O ₂ (19.5% - 23.5%)					
% LEL (<10%)					
CO (<25ppm)					
H ₂ S (<10 ppm)					
TIME					
TOXICS					
1)					
2)					

PRE-ENTRY TESTING BY:				DATE:	TIME:
INSTRUMENT	MODEL	SERIAL#	GAS-CAL DATE/TIME	PASSED GAS-CAL. Y/N	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

ZERO CALIBRATION PRIOR TO ENTRY CONDUCTED BY:

REQUIRED SAFETY CONTROLS/OBSERVED HAZARDS

REQUIREMENT	YES	NO	COMMENTS/CONTROL MEASURES/EQUIPMENT
ATTENDANT	<input type="checkbox"/>	<input type="checkbox"/>	
*Respiratory Protection	<input type="checkbox"/>	<input type="checkbox"/>	
*Protection Clothing	<input type="checkbox"/>	<input type="checkbox"/>	
*PPE	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	
*Non-Entry Rescue Equip	<input type="checkbox"/>	<input type="checkbox"/>	
*Lockout/Tagout	<input type="checkbox"/>	<input type="checkbox"/>	
*Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
*Follow-up Testing	<input type="checkbox"/>	<input type="checkbox"/>	
*Other Controls	<input type="checkbox"/>	<input type="checkbox"/>	
Are Workers Trained?	<input type="checkbox"/>	<input type="checkbox"/>	

*COMMENTS REQUIRED IF CHECKED "YES"

Communication: (Check) VISUAL DIRECT VERBAL PHONE RADIO

EMERGENCY CONTACT: BASE FIRE DEPARTMENT (EMS) PHONE #11

IS SPACE LABELLED? YES NO OTHER COMMENTS:

PERMIT ISSUED - ENTRY SUPERVISOR'S SIGNATURE	PERMIT CANCELLED - ENTRY SUPERVISOR'S SIGNATURE:
PRINT NAME HERE:	PRINT NAME HERE:

PERMIT REVIEWED BY:	SUPERVISOR: (Initial)	DATE:	OSPM: (Initial)
			DATE: