



PERMIT REQUIRED CONFINED SPACE ENTRY PERMIT

CONFINED SPACE

HAZARDOUS ENTRY

PERMIT VALID FOR _____ HOURS OR UNTIL FOLLOWING JOB IS COMPLETE.

Site Location and Description: _____
 Purpose of Entry: _____
 Unit Supervisor: _____
 Name(s) of Authorized Entrant(s): _____

* **Boldface type denotes minimum requirements to be considered, completed and reviewed prior to entry ***

[NOTE: Enter N/A in the items that do not apply]

REQUIREMENTS COMPLETED	DATE	TIME	REQUIREMENTS COMPLETED	DATE	TIME
Lock Out/De-Energize/Try-out	_____	_____	Line(s) Broken-Capped-Blanked	_____	_____
Full Body Harness with Lifeline	_____	_____	Purge-Flush and Vent	_____	_____
Emergency Escape Retrieval Equip.	_____	_____	Fire Extinguishers	_____	_____
Ventilation	_____	_____	Lighting (Explosive Proof)	_____	_____
Secure Area (Post and Flag)	_____	_____	Protective Clothing	_____	_____
Breathing Apparatus (SCBA)	_____	_____	Resuscitator - Inhalator	_____	_____
Respirator: <input type="checkbox"/> APR <input type="checkbox"/> Airline <input type="checkbox"/> SAR-EB	_____	_____	Burning and Welding Permit	_____	_____
Breather Box	_____	_____	<i>BREATHER BOX CALIBRATION DATE:</i>	_____	_____

**** CONTINUOUS MONITORING - RECORD RESULTS EVERY TWO (2) HOURS ****

CONTINUOUS MONITORING RESULTS	PERMISSIBLE ENTRY LEVELS	Pre-Entry Results	Continuous Monitoring Results
		TIME: _____	_____
Percent of Oxygen	19.5% to 23.5%	_____	_____
Lower Flammable Limit	Under 10%	_____	_____
Carbon Monoxide	35 PPM	_____	_____
Formaldehyde	^a 0.75 PPM ^b 2 PPM	_____	_____
Glycol Ethers	^b 25 PPM	_____	_____
Hydrogen Sulfide	^a 10 PPM ^b 15 PPM	_____	_____
Acetone	^a 750 PPM ^b 1000 PPM	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____

^a Employee can work in the area for 8 hours at this concentration.

^b Employee can work in this area up to 15 minutes at this concentration.

Communication Procedure: _____

Rescue or Retrieval Procedure: _____

NAME OF PERSON DOING TEST	DATE CALIBRATED	INSTRUMENT USED	MODEL &/OR TYPE	SERIAL &/OR UNIT NO.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ATTENDANT IS REQUIRED FOR ALL CONFINED SPACE WORK

ATTENDANT(S)	SOCIAL SECURITY NO.	ATTENDANT(S)	SOCIAL SECURITY NO.
_____	_____	_____	_____
_____	_____	_____	_____

ENTRY SUPERVISOR NAME (Printed): _____

DEPARTMENT: _____

PHONE: _____

ALL ABOVE CONDITIONS SATISFIED

ENTRY SUPERVISOR SIGNATURE: _____

DATE: _____