

**CONFINED SPACE ENTRY PERMIT**

Date and Time Issued: \_\_\_\_\_

Date and Time Expires: \_\_\_\_\_

Job site/Space I.D.: \_\_\_\_\_

Job Supervisor: \_\_\_\_\_

Equipment to be worked on: \_\_\_\_\_

Work to be performed: \_\_\_\_\_

Entrants Name(s)

\_\_\_\_\_  
\_\_\_\_\_

Stand-by personnel:

\_\_\_\_\_  
\_\_\_\_\_

Tester's signature:

\_\_\_\_\_

1. Atmospheric Checks:

- (a) Time \_\_\_\_\_
- (b) Oxygen \_\_\_\_\_ %
- (c) Explosive \_\_\_\_\_ % L.E.L.
- (d) Toxic Gas \_\_\_\_\_ PPM
- (e) H<sub>2</sub>S \_\_\_\_\_

- |                                       |     |     |    |
|---------------------------------------|-----|-----|----|
| 2. Source isolation (No Entry):       | N/A | Yes | No |
| 3. Ventilation Modification:          | N/A | Yes | No |
| 4. Pumps or lines blinded,            | N/A | Yes | No |
| 5. Mechanical disconnected or blocked | N/A | Yes | No |
| 6. Natural Ventilation only           | N/A | Yes | No |

7. Atmospheric check after isolation and ventilation:

- (a) Oxygen \_\_\_\_\_ % > 19.5 % <23.5%
- (b) Explosive \_\_\_\_\_ % L.E.L < 10 %
- (c) Toxic \_\_\_\_\_ PPM < 10 PPM
- (d) H(2)S \_\_\_\_\_
- (e) Time \_\_\_\_\_

Tester's signature:

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8. Communication procedures:

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9. Rescue procedures:

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8. Entry, standby and back up persons:	Yes	No
(a) Successfully completed required training?	Yes	No
(b) Is it current?	Yes	No
9. Equipment:	N/A	Yes No
(a) Direct reading gas monitor—tested -	N/A	Yes No
(b) Safety harnesses and lifelines for entry and standby persons	N/A	Yes No
(c) Hoisting equipment	N/A	Yes No
(d) Powered communications	N/A	Yes No
(e) SABA or SCBA for entry and standby Persons	N/A	Yes No
(f) Protective Clothing	N/A	Yes No
(g) All electric equipment listed Class I, Division I, Group D, and non-sparking tools	N/A	Yes No

10. Periodic atmospheric tests:

Time _____	Oxygen _____%	Explosive _____	Toxic _____
Time _____	Oxygen _____%	Explosive _____	Toxic _____
Time _____	Oxygen _____%	Explosive _____	Toxic _____
Time _____	Oxygen _____%	Explosive _____	Toxic _____
Time _____	Oxygen _____%	Explosive _____	Toxic _____
Time _____	Oxygen _____%	Explosive _____	Toxic _____

We have reviewed the work authorized by this permit and the information contained herein. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked in the "No" column. This permit is not valid unless all appropriate items are completed.

Permit Prepared By: (Supervisor)

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Approved By: (Unit Supervisor)

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Reviewed By: (Operations Personnel)

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(printed name)

(signature)

This permit is to be kept at job site. Return job site copy to Safety Office following job completion.

C. **CONFINED SPACE ENTRY PERMIT**

(See Appendix D-2 in 1910.146 for prior table layout. (Page 313 of green book))

*PERMIT VALID FOR 8 HOURS ONLY. ALL COPIES OF PERMIT WILL REMAIN AT JOB SITE UNTIL JOB IS COMPLETED*

Date: \_\_\_\_\_

Site Location and Description:

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Purpose of Entry:

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Supervisor(s) in charge of crews

Type of Crew Phone

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Communication Procedures:

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Rescue Procedures (Phone Numbers at Bottom)

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**BOLD DENOTES MINIMUM REQUIREMENTS TO BE COMPLETED AND REVIEWED PRIOR TO ENTRY**

<b>REQUIREMENTS COMPLETED</b>	<b>DATE</b>	<b>TIME</b>	<b>N/A</b>
<b>Lock Out/De-energizer/Try-out</b>	_____	_____	_____
<b>Line(s) Broken-Capped-Blanked</b>	_____	_____	_____
<b>Purge-Flush and Vent</b>	_____	_____	_____
<b>Ventilation</b>	_____	_____	_____
<b>Secure Area (Post and Flag)</b>	_____	_____	_____
<b>Breathing Apparatus</b>	_____	_____	_____
<b>Resuscitator – Inhalator</b>	_____	_____	_____
<b>Standby Safety Personnel</b>	_____	_____	_____
<b>Full Body Harness w/”D” ring</b>	_____	_____	_____
<b>Emergency Escape Retrieval Equipment</b>	_____	_____	_____
<b>Lifelines</b>	_____	_____	_____
<b>Fire Extinguishers</b>	_____	_____	_____
<b>Lightning (Explosive Proof)</b>	_____	_____	_____
<b>Protective Clothing</b>	_____	_____	_____
<b>Respirator(s) (Air Purifying)</b>	_____	_____	_____
<b>Burning and Welding Permit</b>	_____	_____	_____

**Note: Items that do not apply enter N/A in the blank.**

**\*\*RECORD CONTINUOUS MONITORING RESULTS EVERY 2 HOURS OF THE ITEMS BELOW: \*\***

**CONTINUOUS MONITORING\*\*  
TEST(S) TO BE TAKEN**

**Permissible  
Entry Level**

PERCENT OF OXYGEN	19.5% to 23.5%
LOWER FLAMMABLE LIMIT	Under 10%
CARBON MONOXIDE	+35 PPM
Aromatic Hydrocarbon	+ 1 PPM * 5PPM
Hydrogen Cyanide	(Skin) * 4PPM
Hydrogen Sulfide	+10 PPM *15PPM
Sulfur Dioxide	+ 2 PPM * 5PPM
Ammonia	*35PPM

\*Short-term exposure limit: Employee can work in the area up to 15 minutes.  
+8 hr. Time-Weighted Avg.: Employee can work in area 8 hrs. (longer with appropriate respiratory protection).

REMARKS:

\_\_\_\_\_

\_\_\_\_\_

GAS TESTER NAME & CHECK # \_\_\_\_\_

INSTRUMENT(S) USED \_\_\_\_\_

MODEL &/OR TYPE \_\_\_\_\_

SERIAL &/R UNIT # \_\_\_\_\_

**SAFETY STANDBY PERSON IS REQUIRED FOR ALL CONFINED SPACE WORK**

SAFETY STANDBY		CONFINED SPACE
		CONFINED SPACE
PERSON(S)	CHECK #	
ENTRANT(S)	CHECK #	
ENTRANT(S)	CHECK #	
_____	_____	_____
_____	_____	_____
_____	_____	_____

SUPERVISOR AUTHORIZING \_\_\_\_\_

ALL CONDITIONS SATISFIED \_\_\_\_\_

DEPARTMENT/PHONE \_\_\_\_\_

PHONE # FOR AMBULANCE \_\_\_\_\_

PHONE # FOR FIRE DEPARTMENT \_\_\_\_\_

PHONE # FOR RESCUE \_\_\_\_\_

PHONE # FOR GAS COMPANY \_\_\_\_\_

**IX. REFERENCES:**

29 CFR 1910.146, Permit Required Confined Space.

Subpart Z (Toxic and Hazardous Substances), 29 CFR 1910.100.

Respiratory Protection, 29 CFR 1910.134.

American National Standard Institute (ANSI) Standard 2117.1 – 1989