

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) H₂S _____

- | | | | |
|---------------------------------------|-----|-----|----|
| 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:

8. Communication procedures:

9. Rescue procedures:

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)

Approved By: (Unit Supervisor)

Reviewed By: (Operations Personnel)

_____	_____
(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:

Purpose of Entry:

Supervisor(s) in charge of crews

Type of Crew Phone

Communication Procedures:

Rescue Procedures (Phone Numbers at Bottom)

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

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

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)
ENTRANT(S)
ENTRANT(S)

CHECK #
CHECK #
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 Z39.1 – 1989