

CONFINED SPACE ENTRY PERMIT

CONFINED SPACE GENERAL INFORMATION:		Permit Number:			
Date:		Equipment Number:			
Time Issued:		Valid Until:			
Confined Space Description and Location:					
Purpose of Entry:					
PERMIT SPACE HAZARDS (check all that apply): (itemize Control Methods on back)					
<input type="checkbox"/>	Oxygen Deficiency (< 19.5%)	<input type="checkbox"/>	Oxygen Enrichment (>23.5%)	<input type="checkbox"/> Connected Pipe Lines	
<input type="checkbox"/>	Flammable Gases or Vapors	<input type="checkbox"/>	Toxic Gases or Vapors (>PEL)	<input type="checkbox"/> Cooling Water	
<input type="checkbox"/>	Airborne Combustible Dust (meets or exceeds PEL)	<input type="checkbox"/> Mechanical Hazards		<input type="checkbox"/> Condensate	
		<input type="checkbox"/> Electrical Shock		<input type="checkbox"/> Instrument Lines	
<input type="checkbox"/>	Materials Harmful to Skin (corrosive, skin absorbed)	<input type="checkbox"/> Engulfment		<input type="checkbox"/> Electrical Circuits	
		<input type="checkbox"/> Hot/Corrosive		<input type="checkbox"/> Lines to Jackets, Coils	
<input type="checkbox"/>	Pre-opening Hazards	<input type="checkbox"/> Heat/Cold Stress		<input type="checkbox"/> Radiation Devices	
<input type="checkbox"/>	Noise	<input type="checkbox"/> Poor Lighting		<input type="checkbox"/> Snakes/Rodents	
<input type="checkbox"/>	Slipping/Tripping	<input type="checkbox"/>	Insects/Spiders/Wasps/Etc.	<input type="checkbox"/>	SDS Needed? Yes No
<input type="checkbox"/>			Potential for disturbance of asbestos or presumed asbestos containing material	<input type="checkbox"/>	Other: _____
MANDATORY PREPARATIONS FOR ENTRY (check after completion):			AUTHORIZED ENTRANTS/ATTENDANTS (list name or attach roster):		
<input type="checkbox"/> Notification of affected departments of service interruption Control Methods: Check all that apply. (Itemize on back if more than one)			I understand entrant/attendant responsibilities and have reviewed required precautions.		
<input type="checkbox"/>	Lockout/Tagout (at energy source only a minimum)	<input type="checkbox"/>	Ventilation	<u>Print Entrant Name</u>	<u>Entrant Signature</u>
<input type="checkbox"/>	Blank/Blind/Disconnect	<input type="checkbox"/>	Atmospheric Test		
<input type="checkbox"/>	Purge/Clean	<input type="checkbox"/>	Barriers		
<input type="checkbox"/>		<input type="checkbox"/>	Other:		
Personal Awareness: Check all that apply.					
<input type="checkbox"/>	Pre-entry Briefing (specific hazards/control methods)				
<input type="checkbox"/>	Notify Entrants of Permit/Hazard Conditions				

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Other:

Additional permits required and/or attached: Check all that apply.

LOTO

Retrieval System provided

Notifications: (Initials required)

Before Entry	After Entry
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<input type="checkbox"/>	<input type="checkbox"/>	Fire Department (Dispatch)
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

Print Attendant Name	Attendant Signature

Communication Instructions: For Emergency Assistance **CALL Dispatch** by **phone** (must be at location).

1. Between attendants and entrants: _____
2. **Note! Only authorized Fire Department rescue team members are permitted to make entry rescues.**

Equipment to be provided and/or available: Check those that are required.

Fire Extinguisher	Lifelines	Protective Clothing	Explosion Proof Lighting
Full Body Harness	Personal Protective Gear	Retrieval System	_____

Additional Information/Comments:

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ENTRANT DEBRIEFING (Mandatory):

Any hazard confronted or created during entry operations? Yes No

Explanation:

AUTHORIZATION			
I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in this Confined Space.			
Entry Supervisor	Printed Name	Signature	Date
TERMINATION OF PERMIT:			
Entry Supervisor	Printed Name	Signature	Date
Reason: <input type="checkbox"/> Job Completed	<input type="checkbox"/> Other:		
REVIEW BY SAFETY:			

NOTE! Completed permits shall be retained a minimum of 5 years plus current year.