

CONFINED SPACE ENTRY PERMIT

Date: _____ Expiration Date & Time: _____

Location and Description of Confined Space: _____

Purpose of Entry: _____

Entry authorized by: _____

Signature

Name printed

Date

Entry Permit cancelled by: _____

Signature

Name printed

Date

PERMIT SPACE ATTENDANT _____

PERMIT SPACE ENTRY SUPERVISOR _____

POTENTIAL HAZARDS (Check hazards that apply to this space. Identify specific equipment presenting the hazard, where possible.)

Electrical

High Temperature

High Pressure

Oxygen Deficiency

Flammable or Combustible Materials

Drowning

Slips, trips, falls

Radiation

Mechanical

Low Temperature

Low Pressure

Oxygen Enriched

Toxic Atmosphere

Corrosive Materials

Engulfment

Other: _____

CONTROL MEASURES (Check control measures completed. Entry shall not be authorized until all control measures are complete.)

- Lockout-Tagout
- Line-Breaking
- Line Blanked
- Cleaned
- Ventilation
- Respirators
- Fire Extinguishers
- Floatation devices

- Isolation
- Line capped
- Double Block an Bleed
- Purge
- Area Security
- Lighting
- SCBAs
- Escape Respirators

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ATMOSPHERIC TESTING: Record results on the Atmospheric Testing Log

ENTRANT & ATTENDANT COMMUNICATION PROCEDURES: _____

Communications Equipment: _____

RESCUE & EMERGENCY PROCEDURES:

Rescue Team Phone No: _____

Fire Department Phone No: _____

Ambulance Phone No: _____

Police Phone No: _____

Rescue Equipment:

___ Tripod
___ Lifelines and Harness

___ Hoist
___ SCBA

PERSONAL PROTECTIVE EQUIPMENT:

___ Respirators _____

___ Boots

___ Rain Suits

___ Gloves

___ Coveralls

___ Safety Glasses

___ Hard Hat
___ Hearing Protection

___ Face Shields

ADDITIONAL PERMITS REQUIRED:

___ Hot Work
___ Other: _____

___ Lockout/Tagout

