



CONFINED SPACE ENTRY PERMIT

Permit Number _____ Date _____

Location & Description of Confined Space:

Purpose of Entry:

Schedule Start _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Day/Date/Time _____	Schedule Finish _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Day/Date/Time _____
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Employee(s) in charge of entry:

Entrants:

Attendants:

Pre-Entry Authorization:

{ Check those items below which are applicable to your confined space permit. }

TYPES OF HAZARDS

- Oxygen-Deficient Atmosphere
- Oxygen-Enriched Atmosphere
- Welding/Cutting
- Engulfment
- Toxic Atmosphere
- Flammable Atmosphere
- Energized Electrical Equipment
- Entrapment
- Hazardous Chemical

Note: If welding/cutting operations are to be performed, attached Hot Work Permit.

SAFETY PRECAUTIONS

- Self-Contained Breathing Apparatus
- Air-Line Respirator
- Remarks _____
- Ventilation
- Lifelines
- Fire Extinguishers
- Respirators
- Lockout/Tagout

ENVIRONMENTAL CONDITIONS

TESTS TO BE TAKEN	DATE/TIME	RE-TESTING	DATE/TIME
Oxygen: _____ %	_____ a/p	Oxygen: _____ %	_____ a/p
Lower Explosive Limit: _____ %	_____ a/p	Lower Explosive Limit: _____ %	_____ a/p
Toxic Atmosphere: _____		Toxic Atmosphere: _____	
Instruments Used: _____		Instruments Used: _____	

Employee Conducting Safety Checks SIGNATURE:

Remarks on the overall condition of the confined space. _____

Entry Authorization All actions and/or conditions for safe entry have been performed. Person in Charge of Entry _____ SIGNATURE	Work Completion Work has been completed and all entrants have exited permit space. Person in Charge of Entry _____ SIGNATURE
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