

**Appendix D to §1910.146 --Sample Permits
Confined Space Entry Permit**

Appendix D-1

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: _____
Stand-by personnel: _____

1. Atmospheric Checks: Time

Oxygen _____ %
Explosive _____ % L.F.L.
Toxic _____ PPM

2. Tester's signature: _____

3. Source isolation (No Entry):	N/A	Yes	No
Pumps or lines blinded	()	()	()
Disconnected, or blocked	()	()	()

4. Ventilation Modification:	N/A	Yes	No
Mechanical,	()	()	()
Natural Ventilation only	()	()	()

5. Atmospheric check after isolation and Ventilation:

Oxygen _____ % > 19.5%
Explosive _____ % L.F.L. < 10%
Toxic _____ PPM < 10 PPM H(2)S
Time _____

Tester's Signature: _____

6. Communication procedures: _____

7. Rescue procedures: _____

8. Entry, standby, and back up persons:	Yes	No
Successfully completed required Training	()	()
Is it current?	()	()

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9. Equipment:	N/A	Yes	No
Direct reading gas monitor tested	()	()	()
Safety harnesses and lifelines for entry and standby persons	()	()	()
Hoisting equipment	()	()	()
Powered communications	()	()	()
SCBA's for entry and standby Persons	()	()	()
Protective Clothing	()	()	()
All electric equipment listed Class I, Division I, Group D And Non-sparking tools	()	()	()

10. Periodic atmospheric tests:

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

We have reviewed the work authorized by this permit and the information contained here-in. 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 (Cs Operations Personnel):

(printed name)

(signature)

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

Copies: White: Original (Safety Office)
 Yellow: (Unit Supervisor)
 Hard: (Job site)

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