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:

<table>
<thead>
<tr>
<th>Item</th>
<th>N/A</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct reading gas monitor tested</td>
<td>(   )</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>Safety harnesses and lifelines for entry and standby persons</td>
<td>(   )</td>
<td>(   )</td>
<td>(   )</td>
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<tr>
<td>Hoisting equipment</td>
<td>(   )</td>
<td>(   )</td>
<td>(   )</td>
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<tr>
<td>Powered communications</td>
<td>(   )</td>
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<td>(   )</td>
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<tr>
<td>SCBA's for entry and standby Persons</td>
<td>(   )</td>
<td>(   )</td>
<td>(   )</td>
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<tr>
<td>Protective Clothing</td>
<td>(   )</td>
<td>(   )</td>
<td>(   )</td>
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<tr>
<td>All electric equipment listed</td>
<td>(   )</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>Class I, Division I, Group D</td>
<td>(   )</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>And Non-sparking tools</td>
<td>(   )</td>
<td>(   )</td>
<td>(   )</td>
</tr>
</tbody>
</table>

10. Periodic atmospheric tests:

<table>
<thead>
<tr>
<th>Gas</th>
<th>Percent</th>
<th>Time:</th>
<th>Gas</th>
<th>Percent</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxygen</td>
<td>%</td>
<td></td>
<td>Oxygen</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Explosive</td>
<td>%</td>
<td></td>
<td>Explosive</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Toxic</td>
<td>%</td>
<td></td>
<td>Toxic</td>
<td>%</td>
<td></td>
</tr>
</tbody>
</table>

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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