## **Confined Space Entry Permit**

Permit valid for one shift only. Permit must be posted near entry point. Keep permit on file for one year.													
Date://		_ Er	ntry Tin	ne:		_ AM PM	Per	mit Expira	ation <sup>-</sup>	Time:		A	M PM
				Location:									
Reason for Entry:													
Entry Point: TOP BOT								HAND SI	GNAL	RA	DIO (	Other	
Hazard Identification & Control  Identify potential or known hazards for the confined space. For "OTHER" explain in notes.													
Atmospheric Hazards pre	esent o	or pote	entially	present	– (che	ck all that ap	oly).			Υ	ES	NO	NA
Atmospheric Hazards       present or potentially present – (check all that apply).       YES       NO       NA         □ Oxygen Deficient <19.5%													
□ Oxygen Enriched ≥ 23.5% □ Toxic Gases, Vapors when ≥ PEL □ Other □													
Control: ☐ Test before entry ☐ Continual monitoring ☐ Natural ventilation ☐ Forced air ventilation ☐ Other													
Engulfment & Entrapmer	nt Haz	ards	present	or pote	ntially p	resent - <i>(che</i>	eck al	I that appl	y)	Υ	ES	NO	NA
☐ Flowing material ☐ Hu	ng up,	bridge	ed, crust	ed mate	rial [	Inwardly cor	nvergi	ng walls	☐ Slo	ping f	loors	☐ Other	•
Control: ☐ LOTO fill and/or emptying equipment ☐ Lock gates ☐ Block spouts/pipes ☐ Drain/empty ☐ Lifeline use													
Potential/known hazard	YES	NO	Type /	Contro	l Used	Potential/k	now	n hazard	YES	NO	Туре	/ Contro	l Used
Egress hazards						Respiratory	hazar	ds					
Insufficient lighting hazard						Skin hazards	S						
Chemical hazards						Heat/Cold hazards							
Mechanical hazards (unguarded items)						Snake, Rode Insect Hazar		nimal and					
Electrical hazards						Vehicle haza							
Fall hazards						Noise hazar							
Other Hazards & Control:	I					1			I	ı	l		
Safety & Emergency	Resc	ue		RI	ESCUI	E / FIRE CO	ONT	ACT #:					
<u>, , , , , , , , , , , , , , , , , , , </u>			YES	NO	NA						YES	NO	NA
Entry area secure						Safety harne	ss & l	ifeline or re	etrieval	line			
LOTO/de-energization & isolation						PPE inspecti	ion co	mpleted be	efore us	se			
Lighting (rated for type of space/work)						Mechanical r	etriev	al device					
Hot work permit						Respirator							
GFCI equipment						Hearing Protection							
Non-sparking tools					Other PPE_								
						Entrants sho	ould al	ways wear	hard h	ats, w	ork boo	ks, and e	yewear.
Rescue equipment available?				YES	NO	Туре:							
Stand by personnel used?			YES	NO	Name(s):								
CPR trained person available?				YES	NO	Name(s):							

Permit Required Confined Space Entry Permit

Page 1 of 2

Atmosp	heric Info	rmation	Acceptal	ble atmosph	neric entry co	onditions mu	ust meet the lim	its stated below.			
Monitor ca	librated?	YES	NO Da	ate calibrate	ed:/		Monitor fu	nctioning correctly?	YES	NO	
Bump test	conducted ag	jainst know	n concentra	ition of gase	es, your met	er is set up	to check?		YES	NO	
Pre-entry	/ Initial Air	Monitor F	Readings								
Time	O2 19.5 - 23.5%	LFL CO <10% ≤ 50 ppm		H2S ≤10 ppm	PH3 ≤ 0.3 ppm	NH3 ≤ <b>25</b> ppm	Other	Signatu			
Periodic	Air Monitor	Readings	I s – Test ev	erv ½ hou	l r unless en	trant wears	l l s meter contin	uouslv			
Time	02	LFL	CO	H2S	PH3	NH3	Other	Signatui	Signature		
NOTES:											
I have bee	en trained for	the confi	ned space j	ob duties a	assigned ar	nd agree wi	th the conditio	ons listed on the entry	permit.		
Entrant(s)		Print Name		Sia	nature		Print Name		nature		
Attendant	(s):										
Print Name I certify all conditions and actions nece				nature	heen nerfo	Print Name		Signature authorized			
-		and action	is riccessai	y loi saic (	chiry have	occii perio	mica ana me c	thay is additionized.			
Entry Sup	ervisor:		Pri	nt Name				Signature			
Entry Sup Signature	pervisor e:			_ AM PN			d to operating  Date:	•	N	IO	