## **CONFINED SPACE ENTRY PERMIT**

**Instructions:** Use this permit for any entry into a permit-required confined space. An approved permit is valid only for the duration of the work being performed, and no longer than 8 hours. The approved permit must be posted near the entry point prior to entry. An attendant is required outside of the space, must maintain communication with the entrants at all times, and have a means to summon rescue services.

GENERAL INFORMATION												
Space to be Entered:												
Type of Work to Be Performed:												
Purpose of Ent	ry:	Departm	ent o	r Contracto	or:							
Start Date & Tim		Entra										
Expected Duration		Attenda										
REQUIREMENTS PRIOR TO				/								
IDENTIFICATION OF HAZARDS: ☐ Confined Space Assessment for this space has been reviewed (REQUIRED)												
Actual or Potential Hazards:   None Atmospheric Entrapment Engulfment/Suffocation Other (specify):												
ISOLATION: Indicate what energy sources will be isolated.												
☐ Electricity ☐ Mechanical ☐ Hydraulic ☐ Pneumatic ☐ Chemical ☐ Thermal ☐ Steam ☐ Other (specify):												
COMMUNICATION: Indicate how the entrant(s) and attendant(s) will communicate with each other.												
□ Radio □ Cellular Phone □ Visual □ Verbal □ Fixed Telephone □ Other (specify):												
REQUIRED PERSONAL PROTECTIVE EQUIPMENT: Indicate the equipment required of all entrants at all times while inside the space.												
□ Safety Glasses □ Goggles □ Face Shield □ Hardhat □ Ear Plugs / Ear Muffs □ Body Protection □ Respirator												
☐ Gloves (specify): ☐ Safety Shoes / Boots (specify												
SPECIAL REQUIREMENTS:		SPECIAL EQUIPMENT										
☐ Secure Area or Work Zone (e.g., barricade, fencing-off)				Fire Extinguisher (not CO2)								
☐ Pumps/Lines Blanked, Blocked, Capped (ie, Lockout/Tagout) ☐ Purging, Flushing, Venting of Utility Lines				Special Lighting (e.g., explosion-proof)								
		☐ Portable Blower (i.e., forced-air ventilation) ☐ Water Pumps										
Other Permits (e.g. Hot Work) (specify):  Other Special Requirements (specify):				Other Special Equipment (specify):								
MONITORING EQUIPMENT:												
Make and Model: Serial Number: Calibration Date:												
Make and Model:	:	Calibration Date:										
RESCUE METHOD:		AT1	END	ANT REQUIR	EMENTS:							
□ Non-Entry Retrieval Equipment (e.g., tripod, lifeline, hoist) □ Has Means to Summon Rescue Services ( <b>REQUIRED</b> )												
☐ Rescue Service On-Site (SCBAs, entry retrieval equipment) ☐ Trained in the use of Non-Entry Retrieval								pme	ent			
<b>RESCUE COMMUNICATION:</b> Indicate how the attendant(s) will communicate to Rescue Services.												
☐ Radio ☐ Cellular Phone ☐	□ <mark>Visual □ Verbal □ Fixe</mark>	d Telephone		Other (specify	):							
AUTHORIZATION FOR ENTRY												
I have reviewed the work authori										ems		
are completed as indi	cated above. I certify that all a	ictions and co	nditio	ns necessary j	or safe entry h	ave b	een perfori	ned.				
Entry Supervisor: (print) (sign) (title)												
ATMOSPHERIC TESTING (Be												
MONITORING EQUIPMENT:	☐ Bump Test Pa	assed Prior t	o Ent	ry? ( <b>REQUIR</b>	ED)							
Atmospheric Gases	Permissible Limits	Pre-Entry T	ime	Time Du	ring Entry – Re	cord	Readings E	very	2 Hour	s		
(test in this order)	(MUST be within limits)			•								
Oxygen (O <sub>2</sub> )	19.5 % to 23.5%		%	%		%		6		%		
Lower Explosive Limit (LEL)	Under 10%		%	%		%		6		%		
Carbon Monoxide (CO)	Under 35 ppm		ppm	pp		pm		om		ppm		
Hydrogen Sulfide (H <sub>2</sub> S)	Under 10 ppm		ppm	pp	m F	pm	bt	om		ppm		
CLOSFOLIT / CANCELLATION	Tester's Initials	•										
CLOSEOUT / CANCELLATION												
Entry will be terminated and this permit will be cancelled when the entry operations covered by the permit have been completed or a condition that is not allowed under the entry permit arises in or near the permit space. Re-entry into the confined space will not be allowed until a new assessment												
is completed and permit is issued. Permit can be cancelled by Entry Supervisor, Attendant, or RM&S, and kept on file by departments for 3 years.												
Permit Cancelled by: (print) (date/time)												

**REASON:** □ Work Complete □ Rescue Unavailable □ Conditions Violate Permit □ New Hazards □ Other (specify):

CONFINED SPACE ENTRY CHECKLIST	
In addition to the permit requirements, the items below must be completed before entry is made.	
☐ All Required Equipment is Present, Tested and Working Correctly	
☐ Entrance Area has been Visually Inspected	
☐ Hazardous Energy has been Isolated	
☐ Mechanical Devices have been Inactivated	
□ Lockout / Tagout has been Implemented	
☐ Testing of Atmosphere shows All Gases within Permissible Limits	
☐ Employees involved in this Entry have been adequately Trained	
☐ Employees involved in this Entry have been notified of hazards within this space	
☐ Permit has been Posted at the Entrance	