

Confined Space Entry Permit  
Date & Time Issued: \_\_\_\_\_  
Job site/Space I.D.: \_\_\_\_\_  
Equipment to be worked on: \_\_\_\_\_

Date and Time Expires: \_\_\_\_\_  
Job Supervisor \_\_\_\_\_  
Work to be performed: \_\_\_\_\_

Stand-by personnel \_\_\_\_\_

1. Atmospheric Checks: Time \_\_\_\_\_  
Explosive \_\_\_\_\_ % L.F.L.  
Toxic \_\_\_\_\_ PPM

2. Tester's signature \_\_\_\_\_ N/A Yes No  
3. Source isolation (No Entry): \_\_\_\_\_  
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 \_\_\_\_\_ % L.F.L. > 19.5 %  
Explosive \_\_\_\_\_ PPM < 10 %  
Toxic \_\_\_\_\_ PPM H<sub>2</sub>S < 10 PPM  
Time \_\_\_\_\_

Testers signature \_\_\_\_\_  
6. Communication procedures: \_\_\_\_\_

7. Rescue procedures: \_\_\_\_\_  
\_\_\_\_\_ % Time  
\_\_\_\_\_ % Time  
\_\_\_\_\_ % Time  
\_\_\_\_\_ % Time  
\_\_\_\_\_ % Time  
\_\_\_\_\_ % Time

8. Entry, standby, and back up persons: Yes No  
Successfully completed required training? ( ) ( )  
Is it current? ( ) ( )  
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 \_\_\_\_\_ % Time  
Oxygen \_\_\_\_\_ % Time \_\_\_\_\_ % Time  
Explosive \_\_\_\_\_ % Time \_\_\_\_\_ % Time  
Explosive \_\_\_\_\_ % Time \_\_\_\_\_ % Time  
Toxic \_\_\_\_\_ % Time \_\_\_\_\_ % Time  
Toxic \_\_\_\_\_ % Time \_\_\_\_\_ % 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)  
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) \_\_\_\_\_ (signature)