

## CONFINED SPACE ENTRY PERMIT

Confined Space Location/Description/ID Number \_\_\_\_\_

Date: \_\_\_\_\_

Purpose of Entry \_\_\_\_\_

Time In: \_\_\_\_\_

Permit Canceled Time: \_\_\_\_\_

Time Out: \_\_\_\_\_

Reason Permit Canceled: \_\_\_\_\_

Supervisor: \_\_\_\_\_

**Rescue and Emergency Services-**

| Hazards of Confined Space | Rescue and Emergency Services |    | Special Requirements                   | Special Equipment |    |
|---------------------------|-------------------------------|----|----------------------------------------|-------------------|----|
|                           | Yes                           | No |                                        | Yes               | No |
| Oxygen deficiency         |                               |    | Hot Work Permit Required               |                   |    |
| Combustible gas/vapor     |                               |    | Lockout/Tagout                         |                   |    |
| Combustible dust          |                               |    | Lines broken, capped, or blanked       |                   |    |
| Carbon Monoxide           |                               |    | Purge-flush and vent                   |                   |    |
| Hydrogen Sulfide          |                               |    | Secure Area-Post and Flag              |                   |    |
| Toxic gas/vapor           |                               |    | Ventilation                            |                   |    |
| Toxic fumes               |                               |    | Other- List:                           |                   |    |
| Skin- chemical hazards    |                               |    | <b>Special Equipment</b>               |                   |    |
| Electrical hazard         |                               |    | Breathing apparatus- respirator        |                   |    |
| Mechanical hazard         |                               |    | Escape harness required                |                   |    |
| Engulfment hazard         |                               |    | Tripod emergency escape unit           |                   |    |
| Entrapment hazard         |                               |    | Lifelines                              |                   |    |
| Thermal hazard            |                               |    | Lighting (explosive proof/low voltage) |                   |    |
| Slip or fall hazard       |                               |    | PPE- goggles, gloves, clothing, etc.   |                   |    |
|                           |                               |    | Fire Extinguisher                      |                   |    |

**Communication Procedures:** \_\_\_\_\_

| DO NOT ENTER IF PERMISSABLE ENTRY LEVELS ARE EXCEEDED |                         | Test Start and Stop Time: |      |
|-------------------------------------------------------|-------------------------|---------------------------|------|
|                                                       | Permissible Entry Level | Start                     | Stop |
| % of Oxygen                                           | 19.5 % to 23.5 %        |                           |      |
| % of LEL                                              | Less than 10%           |                           |      |
| Carbon Monoxide                                       | 35 PPM (8 hr.)          |                           |      |
| Hydrogen Sulfide                                      | 10 PPM (8 hr.)          |                           |      |
| Other                                                 |                         |                           |      |

Name(s) or Person(s) testing: \_\_\_\_\_

Test Instrument(s) used- Include Name, Model, Serial Number and Date Last Calibrated: \_\_\_\_\_

| CFM-Ventilation | Size-Cubic Feet | Pre Entry Time | <input type="checkbox"/> Central Notified Before Entrance | Time Notified: |
|-----------------|-----------------|----------------|-----------------------------------------------------------|----------------|
|                 |                 |                | <input type="checkbox"/> Central Notified After Entrance  | Time Notified: |

Authorized Entrants

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Authorized Attendants

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| <b>PERMIT AUTHORIZATION</b>                                                                    |       |
|------------------------------------------------------------------------------------------------|-------|
| <b>I Certify that all actions and conditions necessary for safe entry have been performed.</b> |       |
| Name-Print:                                                                                    |       |
| Signature:                                                                                     |       |
| Date:                                                                                          | Time: |

**Entry Procedure Checklist:** Complete the following steps before, during, and after a confined space entry:

**Step 1**

Obtain a Permit-Confined Space Entry Form from Program Coordinator.

**Step 2**

Notify Supervisor before the **Confined Space Entry**

**Step 3**

Verify Confined Space Meter has been calibrated and is in working order

**Step 4**

Complete the top portion of the Permit-Confined Space Entry Form

**Step 5**

Ensure all rescue equipment (e.g. tripod, body-belt, lanyard) is in place prior to entry

**Step 6**

Monitor the confined space with the MSA 4-Gas Detector prior to entry. The entrant and attendant should sign the permit authorization section on the bottom of the permit to ensure all actions and conditions necessary for safe entry have been performed.

**Step 7**

Employee entering the confined space should wear the 4-Gas Detector after the pre-atmosphere test. The employee should also have a full body harness and lanyard attached to the rescue tripod. Employee shall have a radio and any other necessary personal protective equipment.

**Step 8**

Employee can enter the confined once Step 7 is completed. The entrant and attendant should complete the Hazards of Confined Spaces and Special Requirements Section of the Permit-Confined Space Entry Form once the employee is within the confined space. The entrant should also gather the % Oxygen, % Explosive Gases, Carbon Monoxide, and Hydrogen Sulfide readings and communicate them to the attendant to place on the Permit Form.

**Step 9**

The attendant should maintain constant communication with the entrant until the entrant has exited the confined space.

**Step 10**

The attendant should contact Supervisor once the entrant has exited the confined space.

**Step 11**

The Permit-Confined Space Entry Form should be given to program coordinator, to file in the Confined Space Records.