

Confined Space Entry Permit

No confined space may be entered until this permit has been completed, checked, and signed.
This permit is to remain at the job site until the job is completed.
Supervisor: Cancel completed permits. Keep them on file for one year plus the current year.

Building or area		Date (good this day only)
Space name	Date and time permit issued	Date and time permit canceled
Work to be done		
Entry hazards, remarks, special conditions (such as Hot Work Permit), and so forth		

Signatures

I certify that this permit is accurate and that all specified conditions have been satisfied.

Supervisor's signature	Date	Signature of person performing tests	Date
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I certify that I have been instructed on proper, safe entry of confined space and that I understand my duties.

Attendant's signature	Authorized entrant's signature
Attendant's signature	Authorized entrant's signature
Entry supervisor's signature	

The following conditions must be complied with before this permit can be signed.

1. Gas, product, steam, solvent, water, and hazardous lines blanked	<input type="checkbox"/> Yes	<input type="checkbox"/> Not applicable
2. Space cleaned, washed, purged	<input type="checkbox"/> Yes	<input type="checkbox"/> Not necessary
3. Switches locked and tagged out	<input type="checkbox"/> Yes	<input type="checkbox"/> Not applicable
4. Surrounding area checked for hazardous conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> Not necessary
5. Employees in immediate area alerted	<input type="checkbox"/> Yes	<input type="checkbox"/> Not necessary
6. Mechanical ventilation provided	<input type="checkbox"/> Yes	<input type="checkbox"/> Not necessary
7. Natural ventilation only	<input type="checkbox"/> Yes	<input type="checkbox"/> Not applicable
8. Respirator required If yes, a self-contained breathing apparatus must be at the site.	<input type="checkbox"/> Yes	<input type="checkbox"/> Not necessary
9. Protective clothing required If yes, type: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> Not necessary
10. Employee wearing harness attached to lifeline	<input type="checkbox"/> Yes, necessary	
11. Ladder at work site	<input type="checkbox"/> Yes	<input type="checkbox"/> Not necessary <input type="checkbox"/> Aluminum <input type="checkbox"/> Wood
12. Low-voltage electrical equipment required	<input type="checkbox"/> Yes	<input type="checkbox"/> Not necessary
13. Communications equipment required	<input type="checkbox"/> Yes	<input type="checkbox"/> Not necessary
14. Flashlight, lifeline, and safety harness at work site	<input type="checkbox"/> Yes, necessary	
15. Attendant assigned and properly instructed	<input type="checkbox"/> Yes, necessary	Date _____ Time _____
16. Call for help or sound alarm by	<input type="checkbox"/> Air horn	Telephone number: _____
17. Oxygen deficiency test taken	<input type="checkbox"/> Yes, necessary	% O ₂ : _____
18. Flammable vapors test taken	<input type="checkbox"/> Yes	<input type="checkbox"/> Not applicable % LEL: _____
19. Carbon monoxide or toxic gas test taken	<input type="checkbox"/> Yes	<input type="checkbox"/> Not applicable PPM: _____