

Confined Space Entry Permit

Complete this form prior to entering any permitted confined space. Keep on site. Good for one shift (8 hrs from time listed) only.

Date _____ Time _____ Location of Confined Space _____ Trade(s) Involved _____
 Outside Contractor Involved in Work _____ Shop Supervisor _____
 Equipment to be worked on _____ Work Performed _____

Qualified Entry Personnel	Qualified Back-Up Personnel

Initial atmospheric check: Meter used: <input type="checkbox"/> Biosystems Multipro Gas Detector <input type="checkbox"/> Biosystems PhD Plus <input type="checkbox"/> Calibrated <input type="checkbox"/> Bumped same day Testing performed by: _____		Time	
		Oxygen >19.5- <23%	
		LEL <10 %	
		CO < 35 ppm	
		H2S <10 ppm	
	NA	YES	NO
Source Isolation (Lock out/Tag Out)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pumps/lines blinded/disconnect/blocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural ventilation present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical ventilation required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atmospheric check after ventilation		Time	
CO < 35 ppm		Oxygen >19.5- <23%	
H2S <10 ppm		LEL <10 %	
Performed by: _____			
Site Hazards, e.g. trip, fall:			
Chemical Hazards (list if any):			
	NA	YES	NO
Emergency notification (call base radio)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rescue procedure available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency lighting present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Equipment Provided	NA	YES	NO
2-way radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flashlight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rescue tripod	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protective suit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hard hat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCBAs <input type="checkbox"/> entry <input type="checkbox"/> backup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respirator <input type="checkbox"/> entry <input type="checkbox"/> backup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assured Equip Ground Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot work permit Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Periodic Atmospheric Testing			
Time			Time
Oxygen >19.5- <23%			Oxygen >19.5- <23%
LEL <10 %			LEL <10 %
CO < 35 ppm			CO < 35 ppm
H2S <10 ppm			H2S <10 ppm

For additional comments, use the margin or page back. Return a copy to the EHS Office, MS 9070, Env. Studies Rm 72. Job Supervisor files original.

I have reviewed the work authorized by this permit and the information in it. Written instructions and safety procedures have been received and understood. I know that I can and should stop the job, evacuate the space, and contact EHS if safety concerns arise or if conditions change.

Preparer Signature (EHS staff/competent person) _____ Approval Signature (job supervisor) _____