

CONFINED SPACE ENTRY PERMIT

Date Issued _____

Expires _____

NOTE IN THE EVENT OF AN EMERGENCY, CALL 911
NOTE IF THE CONDITIONS OR PROCEDURES SPECIFIED ON THIS PERMIT CHANGE, **STOP WORK IMMEDIATELY AND NOTIFY THE SAFETY OFFICE.**

PARTV HAZARD ASSESSMENT (To be filled out by the Entry Supervisor)

Confined space identification number _____

Location of confined space _____

Description of confined space _____

Description of work to be performed _____

Materials or chemicals located and /or brought into the confined space (MSDS's) must be posted) _____

Equipment located or to be brought into the confined space _____

CHECK ALL POTENTIAL HAZARDS (Check all inherent and introduced hazards)

Hazardous Atmospheres

- Flammable
 Toxic
 Irritant
 Corrosive
 Oxygen -Deficient
 Oxygen -Enriched
 Other (List) _____

Physical Hazards

- Temperature
 Chemical Absorption
 Noise
 Entrapment
 Vibration
 Electrical Equip.
 Mechanical Equip.

- Spark-producing operations
 Spilled Liquids
 Engulfment
 Radiation
 Entry and Exit Limitations

Other Anticipated Hazards

(describe below) _____

PART 2- HAZARD CONTROLS (To be filled out by Entry Supervisor)

 Yes No Is lockout/tagout required?

List isolation points: _____

 Yes No Are GFCI's required on all electrical power? Yes No Is explosion-proof equipment required? Yes NO Are barriers required? Yes **No Is communication equipment required?** Yes No **Is telephone or 2-way radio for summoning rescue available?****Check required emergency equipment:**

- Fire Extinguisher (type?) _____ Life Line Retrieval Line
 Emergency Shower / Eyewash Tripod and Winch (for 5+ ft. vertical)
 Safety Harness Other (specify) _____

 Yes No Are MSDS's for all materials in the confined space (or to be brought into the confined space) attached? Yes No Have entrants and standby personnel been trained? Yes No Has the standby person been informed to remain continuously posted outside the confined space?

Special entry and/or work procedures? _____

List required Personal Protective Equipment _____

PART 3- PERMIT REVIEW

- Yes No Has appropriate air monitoring been identified?
 Yes No Are respirators required? List types:
 Yes No Are hazard controls and PPE appropriate and adequate?
 Yes No Has SAO approved the Operating Procedure?
 Yes No Is continuous air monitoring required?

Describe any special entry requirements:

Permit

Approved: _____
 Safety Name _____ Phone _____
 Assurance _____
 Office: Signature _____ Date _____

PART 4- AIR SAMPLING RESULTS

Air Monitoring Equipment used:

Model	Serial Number	Date Calibrated	User's Name

Air Monitoring Results (to be conducted at various areas throughout)

Date	Time	Location(s)	Oxygen, % (19.5-23.5%)	Combustibles, % LEL (0-10% of LEL)	H2S	CO	Toxic Chemicals

Has all required air monitoring been done throughout the confined space? Test done by _____

PART 5- LIST ALL AUTHORIZED ENTRANTS AND STANDBY PERSONNEL
 (completed by the Entry Supervisor and initiated by Entrants and Standby Personnel)

Entrants	Signature	Standby Personnel	Signature

PART 6- CERTIFICATION (Entrants and Standby Personnel shall review the permit and Operating Procedure. After this is done they shall sign the permit next to their names in Part 5.)

I certify that the requirements of this permit have been met.

ENTRY SUPERVISOR Name _____

Signature _____ Date _____ Phone _____ Organization _____

Name _____

Signature _____ Date _____ Phone _____ Organization _____

When confined space entry work is completed send this permit to the Safety Office.