



Location, Description and Classification of Confined Space		
Date	Purpose of Entry/Work to be done	Time Started
Division/Unit		Time Completed
Supervisor(s) in Charge of Crew	Type of Crew	Phone

**Hazards in Confined Space**

**Check all that apply and ensure each hazard is eliminated or controlled before and during entry:**

- |   |  |
|---|--|
| <input type="checkbox"/> (Potentially) Hazardous atmosphere | <input type="checkbox"/> Trapping or asphyxiation hazard (inwardly covering walls or floor which slopes downwards and tapers to a smaller section) |
| <input type="checkbox"/> Material with potential to engulf  |  |
| <input type="checkbox"/> Electrical shock                   | <input type="checkbox"/> Any Other hazard that is capable of impairing self rescue or presents immediate danger to life or health (describe):      |
| <input type="checkbox"/> Moving parts                       |  |
| <input type="checkbox"/> Temperature extremes               |  |

Requirements Completed (All applicable must be completed before entry)	Completed	N/A	Requirements Completed (All applicable must be completed before entry)	Completed	N/A
Lockout - De-energize	<input type="checkbox"/>	<input type="checkbox"/>	First Aid/CPR Equipment & Trained Personnel	<input type="checkbox"/>	<input type="checkbox"/>
Line(s) Broken, Capped or Blanked	<input type="checkbox"/>	<input type="checkbox"/>	Communication Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Purge, Flush, and Vent	<input type="checkbox"/>	<input type="checkbox"/>	Secure area (post, flag and protect from falling objects)	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	Hot Work Permit	<input type="checkbox"/>	<input type="checkbox"/>
Lighting (explosion proof as necessary)	<input type="checkbox"/>	<input type="checkbox"/>	<b>Add any other requirements necessary for entry</b>		
Respirator (list type)	<input type="checkbox"/>	<input type="checkbox"/>			
_____	<input type="checkbox"/>	<input type="checkbox"/>			
Protective Clothing	<input type="checkbox"/>	<input type="checkbox"/>			
Standby Safety Personnel	<input type="checkbox"/>	<input type="checkbox"/>			
Full Body Harness with "D" Ring	<input type="checkbox"/>	<input type="checkbox"/>			
Emergency Escape/Retrieval/Rescue/Equipment	<input type="checkbox"/>	<input type="checkbox"/>			
Lifelines	<input type="checkbox"/>	<input type="checkbox"/>			

Atmospheric Checks	Acceptable Conditions	Initial Checks	Checks After Isolation and Ventilation	Periodic Checks								
				Hr 1	Hr 2	Hr 3	Hr 4	Hr 5	Hr 6	Hr 7	Hr 8	
% of Oxygen	19.5% to 23%											
L.E.L. <sup>1</sup>	≤ 10%											
Carbon Monoxide	< 35 ppm											
Hydrogen Sulfide	< 10 ppm											

Atmospheric monitoring conducted by:

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Note: continuous/periodic tests shall be performed throughout the job. Contact Region Safety Office with questions.

<sup>1</sup> L.E.L. Lower Explosive Limit, also referred to as lower flammable limit (LFL).

Records must be maintained for at least one year.

Sampling Equipment	Name	Model/Type	Date Calibrated	Identification Number

Communication procedures between entrants and attendants

### Emergency Services

Emergency services must be arranged **prior** to **permit-required** confined space entry (**including 911 services**). Only persons who have been trained and equipped for entry rescue may enter the space to perform rescue services. Do **not** attempt an entry rescue if you are not trained and equipped to do so. If a person is down for no apparent cause, you must assume that toxic gases or an oxygen deficiency exist.

Emergency/Rescue Service Provided by

Phone Number/Contact Information

Describe Procedures (include necessary equipment):

Print Name	Initial	Authorized Role <sup>2</sup>
		<input type="radio"/> Entrant <input type="radio"/> Attendant
		<input type="radio"/> Entrant <input type="radio"/> Attendant
		<input type="radio"/> Entrant <input type="radio"/> Attendant
		<input type="radio"/> Entrant <input type="radio"/> Attendant
		<input type="radio"/> Entrant <input type="radio"/> Attendant
		<input type="radio"/> Entrant <input type="radio"/> Attendant
		<input type="radio"/> Entrant <input type="radio"/> Attendant

<sup>2</sup> Check the person's authorized role. Remember, a person cannot be both an attendant and entrant; they can only serve one role.

### Entry Supervisor Authorization - All Entry Conditions Satisfied

Signature	Date
Permit expiration date and time (may not be longer than required to perform work)	
Date	Time
Post entry review of permit conducted by	Date

Post entry reviews must be done within one year of entry.