CONFINED SPACE ENTRY PERMIT

Permit is valid for one shift only. Permit must be posted near entry point. Keep permit on file for one year.

Date: _____ **Entry Time:** _____ **Expiration Time:** _____

Project Name & Number: _____

Check: ❏ H&L Contracting ❏ Subcontractor   **Subcontractor Name:** _____

Entry Point: ❏ Top ❏ Bottom ❏ Side   **Communication:** ❏ Voice ❏ Hand Signals ❏ Radio ❏ _____

Confined Space Location: _____

Reason for Entry: _____

_____

Hazard Identification & Control
Identify potential or known hazards for the confined space. For "OTHER" explain in notes.

Atmospheric Hazards present or potentially present – (check all that apply)

❏ Oxygen Deficient <19.5%   ❏ Flammable Gases, Vapors when ≥10% LFL   ❏ Airbourne Dust

❏ Oxygen Enriched ≥ 23.5%   ❏ Toxic Gases, Vapors when ≥ PEL   ❏ Other

Control: ❏ Test Before Entry ❏ Continual Monitoring ❏ Natural Ventilation ❏ Forced Air Ventilation ❏ Other

Engulfment & Entrapment Hazards present or potentially present – (check all that apply)

❏ Flowing Material   ❏ Hung Up, Bridged, Crusted Material   ❏ Inwardly Converging Walls   ❏ Sloping Floors   ❏ Other

Control: ❏ LOTO ❏ Lock Gates ❏ Block Spouts/Pipes ❏ Drain/Empty ❏ Lifeline Use

Physical Hazards present or potentially present – (check all that apply)

Potential/Present Hazard	Y	N	Type/Control Used	Potential/Known Hazard	Y	N	Type/Control Used
Egress Hazards	❏	❏		Respiratory Hazards	❏	❏	
Insufficient Lighting	❏	❏		Skin Hazards	❏	❏	
Chemical Hazards	❏	❏		Heat/Cold Hazards	❏	❏	
Mechanical Hazards	❏	❏		Rodent, Insect, etc.	❏	❏	
Electrical Hazards	❏	❏		Vehicle Hazards	❏	❏	
Fall Hazards	❏	❏		Noise Hazards	❏	❏	

Other Hazards & Control:

Preventative Safety
Rescue/Fire Contact #:

	Y	N	NA		Y	N	NA
Entry Area Secure	❏	❏	❏	**Safety Harness & Lifeline or Retrieval Line**	❏	❏	❏
LOTO/De-Energized & Isolation	❏	❏	❏	**PPE Inspection Completed**	❏	❏	❏
Lighting (Rated for Work)	❏	❏	❏	**Mechanical Retrieval Device**	❏	❏	❏
Hot Work Permit	❏	❏	❏	**Respirator**	❏	❏	❏
GFCI Equipment	❏	❏	❏	**Hearing Protection**	❏	❏	❏
Non-Sparking Tools	❏	❏	❏	**Other PPE:** _____	❏	❏	❏

Emergency Rescue

	Y	N	*Entrants should always wear hard hats, work boots and eye wear.*
Rescue equipment available?	❏	❏	Type: _____
Stand by personnel used?	❏	❏	Name(s): _____
CPR Trained person available?	❏	❏	Name(s): _____

Atmospheric Information *Acceptable atmospheric entry conditions must meet the limits stated below*.

Monitor calibrated? ❏ **Yes** ❏ **No**   Date Calibrated: ____/____/_____

Was a Bump test conducted? ❏ **Passed** ❏ **Failed**   Monitor Functioning correctly? ❏ **Yes** ❏ **No**

Pre-entry / Initial Air Monitor Readings

Time	O2 19.5-23.5%	LFL < 10%	CO ≤ 50 ppm	H2S ≤ 10 ppm	PH3 ≤ 0.3 ppm	NH3 ≤ 25 ppm	Other: _____	Signature

Periodic Air Monitor Readings – *Test every ½ hour unless entrant wears meter continuously*

Time	O2 19.5-23.5%	LFL < 10%	CO ≤ 50 ppm	H2S ≤ 10 ppm	PH3 ≤ 0.3 ppm	NH3 ≤ 25 ppm	Other: _____	Signature

NOTES:

I have been trained for the confined space job duties assigned and agree with the conditions listed on the entry permit.

Entrant(s): _____ _____ _____ _____
                  Print Name   Signature   Print Name   Signature

Attendant(s): _____ _____ _____ _____
                  Print Name   Signature   Print Name   Signature

I certify all conditions and actions necessary for safe entry have been performed and the entry is authorized.

Entry Supervisor: _____ _____
                          Print Name   Signature

Permit Cancellation Time: _____ AM PM   Structure returned to operating Condition? ❏ **Yes** ❏ **No**

Entry Supervisor Signature:_____ **Date:** _____