

CONFINED SPACE ENTRY PERMIT

DATE: \_\_\_\_\_  
 TIME: \_\_\_\_\_

|  |  |
|--|--|
| LOCATION AND DESCRIPTION OF CONFINED SPACE |  |
| PURPOSE OF ENTRY                           |  |
| DEPARTMENT (CONTRACTOR)                    |  |
| SUPERVISOR INCHARGE                        |  |
| MATERIAL TO BE TAKEN INTO SPACE            |  |
| HAZARDS IN THE SPACE                       |  |

TO BE COMPLETED BY CONTRACTOR SUPERVISION

| ARE THE FOLLOWING REQUIRED AND COMPLETED? | YES | NO | REQUIRED AND COMPLETED?                  | YES | NO |
|---|-----|----|--|-----|----|
| 1. LOCKOUT-PNEUMATIC/HYDRAULIC/ELECTRICAL |     |    | 11. SAFETY HARNESS AND LIFELING PROVIDED |     |    |
| 2. VALVES CLOSED/BLEEDS OPEN/BLANKED      |     |    | 12. TRIPOD ESCAPE UNIT PROVIDE           |     |    |
| 3. PURGE-FLUSH AND VENT REQUIRED          |     |    | 13. PROTECTIVE CLOTHING REQUIRED         |     |    |
| 4. VENTILATION REQUIRED AND BONDED        |     |    | 14. RESPIRATOR REQUIRED? TYPE:           |     |    |
| 5. LOW VOLTAGE LIGHTING PROVIDED          |     |    | 15. FIRE-EXTINGUISHER PROVIDED           |     |    |
| 6. ELECTRICAL SYSTEM ON GFCI              |     |    | 16. AREA SECURED                         |     |    |
| 7. NON-SPARKING TOOLS REQUIRED            |     |    | 17. ALARMS PROVIDED                      |     |    |
| 8. COMMUNICATION ESTABLISHED              |     |    | 18. ENTRANTS/WATCH CERTIFIED             |     |    |
| 9. HOT WORK PERMIT REQUIRED               |     |    | 20. RESCUE EQUIPMENT AVAILABLE           |     |    |
| 10. OTHER PERMITS REQUIRED?               |     |    | 21. SAFE WORK PLAN(S) COMPLETED?         |     |    |

ADDITIONAL REQUIREMENTS:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TO BE COMPLETED BY CONTRACTOR SAFETY DEPARTMENT

| INITIAL  | DATE | TIME | OYGEN %                                    | FLAMMABLE GAS %                           | THIS SECTION MUST BE COMPLETED<br>INCASE OF EMERGENCY |
|----------|------|------|--|---|---|
|          |      |      | Maximum acceptable concentrations 19.5-22% | Maximum acceptable concentrations 10% LEL |   |
| STARTING |      |      |  |   | CONTACT:  |
| RETEST 1 |      |      |  |   | PHONE:  |
| RETEST 2 |      |      |  |   | RADIO   |
| RETEST 3 |      |      |  |   | OTHER:  |

GAS TEST PERFORMED BY: (PRINT NAME) \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ SINGATURE: \_\_\_\_\_

\_\_\_\_\_  
 SAFETY SUPERVISOR

\_\_\_\_\_  
 CONTRACTOR SUPERVISOR

\_\_\_\_\_  
 FIELD SUPERVISOR

I accept the conditions stated on this permit and I certify that all persons under my control who will perform the job will be made fully aware of of potential hazards as well as conditions and precautions to be taken as specified on the permit and those associated by the work to be performed.