

# Confined Space Entry Permit

Permit Number: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

## 1. Location of Confined Space:

\_\_\_\_\_

## 2. Description of Work to be Performed:

\_\_\_\_\_

## 3. Entry Supervisor:

\_\_\_\_\_ Phone: \_\_\_\_\_

## 4. Entrant(s):

Name	Company	Contact

## 5. Attendant(s):

Name	Company	Contact

## 6. Hazard Identification:

Hazard Type	Present	Controls
Oxygen Deficiency	<input type="checkbox"/>	
Toxic Atmosphere	<input type="checkbox"/>	
Flammable Atmosphere	<input type="checkbox"/>	
Engulfment	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

## 7. Atmospheric Testing:

Test	Acceptable Range	Reading	Time	Initials
Oxygen (%)	19.5 - 23.5			
LEL (%)	< 10			
CO (ppm)	< 35			
H <sub>2</sub> S (ppm)	< 10			

## 8. Equipment Required (check all that apply):

☐ Ventilation ☐ Lighting ☐ Harness/Lifeline ☐ SCBA ☐ Communication Device ☐ Other

\_\_\_\_\_

**9. Authorization Signatures:**

Entry Supervisor	Date/Time	Entrant	Date/Time

**Permit Valid Until:**

\_\_\_\_\_ Cancel permit and vacate space if work is not completed by validity time or if conditions change.