

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 ₂ 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.