

CONFINED SPACE ENTRY PERMIT

ALL COPIES OF PERMIT WILL REMAIN AT JOB SITE UNTIL JOB IS COMPLETED.

LOCATION/DESCRIPTION OF CONFINED SPACE _____ DATE _____

PURPOSE OF ENTRY _____ TIME _____

DEPARTMENT _____ PERSON IN CHARGE OF WORK _____ EXPIRATION _____

COMMUNICATIONS:

SUPERVISOR(S) in Charge of Crews	Type of Crew	Phone

SPECIAL REQUIREMENTS:

	YES NO			YES NO	
	Lockout De-energize				Escape Harness Required
Lines Broken - Capped or Blanked			Tripod Emergency Escape Unit		
Purge - Flush and Vent			Lifelines		
Ventilation			Fire Extinguishers		
Secure Area			Lighting		
Breathing Apparatus			Protective Clothing		
Resuscitator - Inhalator			Respirator		

TEST(S) TO BE TAKEN

	P.E.L.*	YES	NO	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
				M	M	M	M	M	M	M	M	M	M	M
(VALID FOR ONE 8 HOUR TURN ONLY)														
% of Oxygen	-19.5% + 21%													
% of L.E.L.**	Any % over 10%													
Carbon Monoxide	50 ppm													
Aromatic Hydrocarbon	10 ppm													
Hydrocyanic Acid	10 ppm													
Hydrogen Sulfide	10 ppm													
Sulfur Dioxide	5 ppm													
Ammonia	25 ppm													

NAME OF GAS TESTER _____

NOTE: Continuous/periodic tests shall be established before beginning the job.
Any questions pertaining to test requirements should be directed to _____

TESTING INSTRUMENTS USED	NAME	TYPE	IDENTIFICATION NO.

AUTHORIZED ENTRANTS:

AUTHORIZED ATTENDANTS:

PERMIT AUTHORIZATION:

I certify that all actions and conditions necessary for safe entry have been performed.

NAME (Print) _____ SIGNATURE _____

DATE _____ TIME _____

*P.E.L. Permissible Entry Level
**L.E.L. Lower Explosion Level

FIRE CALL _____ AMBULANCE CALL _____ RESCUE CALL _____