



CONFINED SPACE ENTRY PERMIT

A Copy Of This Completed Permit Must Be Displayed At The Entry Site During The Entry Procedure.

LOCATION:	PERMIT NO.
PLACE TO BE ENTERED:	Emergency Phone No.

PURPOSE FOR ENTRY _____

ENTRANT NAME:	ATTENDANT NAME:
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AUTHORIZED DURATION OF PERMIT: _____ DATE _____ TIME (From/To): _____

PERMIT – SPACE HAZARDS (Note if there is potential for exposure to any of the following hazards)

Oxygen Deficiency		Mechanical Hazards		Entrapment	
Oxygen Enrichment		Electrical Hazards		Engulfment	
Combustible Gases or Vapors		Chemical Contact		Dust; Welding Fume	
Toxic Gases or Vapors		Falls to Lower Level		Other (Note)	
Extreme Temperatures		Falling Objects			

PREPARATION FOR ENTRY (Note steps that have been taken)

Permit Posted and Recorded		Pre-entry Briefing		Decontamination-Hazard Isolation/Removal	
Ventilation		Lockout/Tagout		Attendant	

EQUIPMENT REQUIRED FOR ENTRY AND WORK:

Personal Protective Equipment: _____

Respiratory Protection: _____

Atmospheric Testing/Monitoring: _____

Communication: _____

Rescue Equipment: _____

ATMOSPHERIC TESTING RESULTS

Hazard/Contaminant	Limit	Result: AM / PM	Result: AM / PM	Result: AM / PM	Result: AM / PM	Result: AM / PM	Result: AM / PM
Oxygen– Percent (%)	19.5 – 21.5						
Combustible Gas (%LEL)	<10%						
Carbon Monoxide	50 ppm						
Toxic Materials	(PEL)						

Tester: _____ (Signature)	DATE: _____ (PEL) = OSHA Permissible Exposure Limit
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