

CONFINED SPACE ENTRY PERMIT

Facility Name: _____

Project Name: _____

Confined Space (description): _____

Location: _____

Purpose of Entry: _____

Date of Entry: _____ Authorized Duration of Entry _____ Entry Time: _____ Exit Time: _____

Authorized Supervisor: _____

Authorized Attendant(s): _____

Authorized Entrant(s): _____

Known Hazards and Special Precautions: _____

Special Isolating/Control Requirements (Y or N)		
<input type="checkbox"/> Lockout/tagout	<input type="checkbox"/> Blinding/Blanking	<input type="checkbox"/> Ventilation
<input type="checkbox"/> Purging	<input type="checkbox"/> Personal Protective Equipment (Attach list of required equipment)	<input type="checkbox"/> Retrieval lines
<input type="checkbox"/> Disconnect Lines	<input type="checkbox"/> Lighting	<input type="checkbox"/> Inerting
<input type="checkbox"/> Respirator	<input type="checkbox"/> Tripod/hoisting equipment	<input type="checkbox"/> Fire extinguishers
<input type="checkbox"/> Communication Equipment	<input type="checkbox"/> Other(write requirement) _____	

Test Values () Indicates Maximum Allowable Limits	
% Oxygen (%)	% LFL (%)
% CO2 (%)	% CO (%)
% H2S (%)	% HCN (%)

Other Gasses, Vapors, Mist, or Dust: _____

Testers Name: _____ Signature: _____

Date of Test: _____

Instrument Used: _____ Serial No.: _____

Date of calibration: _____ Calibration results: _____

Rescue Service: _____ Phone No.: _____

Manager/Supervisor Authorizing Entry: _____

Date: _____

Signature: _____