



CONFINED SPACE Entry Permit

DIVISION		DEPARTMENT	
DATE	TIME	SHIFT	
CONFINED SPACE LOCATION		CONFINED SPACE ID #	
PURPOSE OF ENTRY		AUTHORIZED DURATION	
ENTRY SUPERVISOR NAME		SUPERVISOR APPROVAL SIGNATURE	
ENTRY ATTENDANT(S) NAME(S)			
AUTHORIZED ENTRANT(S) NAME(S)			(continue over if necessary)
ROUTINE <input type="checkbox"/> NON-ROUTINE <input type="checkbox"/> WORKPLACE EXAM COMPLETED <input type="checkbox"/> SOP/JHS COMPLETE AND REVIEWED <input type="checkbox"/>			

STEP 1: HAZARD IDENTIFICATION AND RECOGNITION

EXISTING HAZARDS WITHIN, CONNECTED TO, OR NEAR THE SPACE (hazardous energy, radiation, etc)	CONTROLS	HAZARDS TO BE INTRODUCED TO THE SPACE FROM THE WORK BEING PERFORMED (welding fumes, noise, dust, hot work, other tasks that require specialized PPE)	CONTROLS

STEP 2: ASSESSING THE SPACE

SECTION A: CONFINED SPACE HAZARDS	YES	NO	SECTION B: INITIAL AIR SAMPLING (around the opening of the space, and at multiple levels within the space)		
			GAS	ACCEPTABLE	READING
Hazardous / Potentially Hazardous Atmosphere			Oxygen	19.5 – 23.5%	
Sloping or Converging Walls or Floors			LEL*	< 10%	
Engulfment / Entrapment			Toxics	< PEL* / TLV* / OEL*	
Any Other Recognized Hazards: (noise, heat, uncontrolled energy source, fall hazards inside the space, radiation, thermal exposure etc) List these hazards and controls in section 2			Other:		
			Time of testing		
If the answer to ALL question above is NO, or can be eliminated: The space may be classified as NON-PERMIT REQUIRED.			Date of calibration		
Name:			Initials of person taking the sample		
Signature:			Test instrument and #		

STEP 3: PRE ENTRY PREPARATION AND CONTROLS

EQUIPMENT	REQUIRED / N/A	COMMUNICATION	TESTED
Ventilation Required: YES / NO		Entrant and Attendant Communication Method:	
Type: Duration:			
Retrieval System (Emergency Escape Apparatus)		Supervisor Communication Method:	
Fire Extinguisher			
Intrinsically Safe Equipment		Emergency Response Communication Method:	
LOTOTO			
Flagging and Barricading			

STEP 4: Pre-Entry Air Sampling (Immediately Prior to Entry) STEP 5: Pre-Entry Meeting and Review

GAS	ACCEPTABLE	READING	MEETING/REVIEW	INITIALS
Oxygen	19.5 – 23.5%		Pre Entry Meeting and Review Conducted	
LEL*	< 10%		Acceptable Entry Conditions Have Been Met	
Toxics	< PEL* / TLV* / OEL*			
Other:				
Time of testing		Initials of Tester		

* LEL = Lower Explosive Limit, PEL = Permissible Exposure Limit, TLV = Threshold Limit Value

NOTE: Post completed permit, and any other relevant forms at the entrance to the Confined Space

Post Entry Cancellation of Permit by Confined Space Entry Supervisor: NAME.....SIGN.....

