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| **CONFINED SPACE ENTRY PERMIT** |
| **This permit is to be posted at entrance along with a completed hazard assessment** |
| Permit Start Date: | Permit Close Date: |
| Address: |
| Detailed Location for Emergency Services: |
| Work to be done: |
| Work not permitted: |
| **Pre Entry Gas Detection Results** |
| Gas Detector type: |
| Detector Calibration Date: | Date of Pre-Entry Test: |
| Tests performed by: | Signature: |
| **Time:** | **O2 (19.5-22.5%** | **LEL (>50%)** | **CO** | **CO2** | **H2S** | **Other** | **Other** |
|  |  |  |  |  |  |  |  |
| **Ongoing Atmospheric Monitoring Results** |
| **Time** | **O2 (19.2-22.5%** | **LEL (>50%)** | **CO** | **CO2** | **H2S** | **Other** | **Other** |
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| **Protective Equipment and Safe Guards** |
| **Entry Method:** |
| **Communication Method:** |
| Helmets: | yes/no | Hearing Protection: | yes/no | Eye Protection: |  | yes/no |
| Ladders: | yes/no | Flashlights: |  | yes/no | Security: |  |  | yes/no |
| Signage: | yes/no | Tripod Inspected: | yes/no | Winch Inspected: |  | yes/no |
| Hazard Assessment Available: |  | yes/no | Ventilation: |  |  |  | yes/no |
| Properly Trained Personnel |  | yes/no | Harness Type 'E' & Inspected: |  | yes/no |
| Life-Lines Available & Inspected: |  | yes/no | First Aid Personnel: |  |  | yes/no |
| First Aid Kit Available: |  | yes/no | Respiratory Protection Required: |  | yes/no |
| Additional PPE Required: |
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| Other Safe Guards and Protection: |
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| **Emergency Response Plan** |
| ERP Activation Method: |
| Rescue Plan: |
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| Trained Rescue Team Members: |
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| Trained First Aiders: |
| Communication Method: |
| Attendant(s): |
| **Confined Space Entrant Log** |
| Date: | Name: | Time In: | Time Out: | Time In: | Time Out: |
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| **Confined Space Permit/Entry Authorized By:** | **Signature:** |