|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  | |  |
| **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: | | | | | | | | |
|  | | | | | | | | |
| Other Safe Guards and Protection: | | | | | | | | |
|  | | | | | | | | |
| **Emergency Response Plan** | | | | | | | | |
| ERP Activation Method: | | | | | | | | |
| Rescue Plan: | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| Trained Rescue Team Members: | | | | | | | | |
|  | | | | | | | | |
| Trained First Aiders: | | | | | | | | |
| Communication Method: | | | | | | | | |
| Attendant(s): | | | | | | | | |
| **Confined Space Entrant Log** | | | | | | | | |
| Date: | Name: | | | Time In: | Time Out: | | Time In: | Time Out: |
|  |  | | |  |  | |  |  |
|  |  | | |  |  | |  |  |
|  |  | | |  |  | |  |  |
|  |  | | |  |  | |  |  |
|  |  | | |  |  | |  |  |
|  |  | | |  |  | |  |  |
|  |  | | |  |  | |  |  |
|  |  | | |  |  | |  |  |
|  |  | | |  |  | |  |  |
|  |  | | |  |  | |  |  |
| **Confined Space Permit/Entry Authorized By:** | | | | **Signature:** | | | | |