

# 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: \_\_\_\_\_