

# CONFINED SPACE ENTRY PERMIT

| SITE INFORMATION                                |                   |                    |          |
|---|-------------------|--------------------|----------|
| Department                                      | Unit/Shop         | WO#                | Permit # |
| Location ID                                     |                   | Equipment Tag #    |          |
| Reason for entry/Description of work to be done |                   |                    |          |
| Permit Start Date                               | Permit Start Time | Permit Expiry Time |          |

\*\*\*\*\*Permit is only valid for the duration of shift\*\*\*\*\*

| PERMIT REQUIREMENTS         |      |           |
|-----------------------------|------|-----------|
|                             | Name | Signature |
| Confined Space Entrant(s)   |      |           |
|                             |      |           |
|                             |      |           |
| Confined Space Rescue Team  |      |           |
|                             |      |           |
|                             |      |           |
| Confined Space Attendant(s) |      |           |

| HAZARD ASSESSMENT CHECKLIST   |  |  |  | Y | N | N/A |
|---|--|--|--|---|---|-----|
| Confined space hazard assessment has been completed; reviewed with workers and attached |  |  |  |   |   |     |
| All participants have completed confined space entry training and certificates verified |  |  |  |   |   |     |
| All participants have completed first aid training                                      |  |  |  |   |   |     |
| All participants have completed fall protection training                                |  |  |  |   |   |     |
| Site specific entry procedures have been reviewed                                       |  |  |  |   |   |     |
| Emergency response procedures have been reviewed  |  |  |  |   |   |     |
| Controls are in place including LOTO, hot work permits, etc.                            |  |  |  |   |   |     |
| Communication method has been determined  |  |  |  |   |   |     |
| Coordination documents are attached as needed   |  |  |  |   |   |     |

| ASTMOSPHERIC PRE-ENTRY TEST RESULTS |      |           |                      |                 |                     |                 |
|-------------------------------------|------|-----------|----------------------|-----------------|---------------------|-----------------|
| Instrument Serial #                 |      |           | Calibration Date     |                 | Bump Test Date      |                 |
| Location                            | Time | Oxygen O2 | Hydrogen Sulfide H2S | Carbon Monoxide | Explosive Level LEL | Other (Specify) |
|                                     |      |           |                      |                 |                     |                 |
|                                     |      |           |                      |                 |                     |                 |
|                                     |      |           |                      |                 |                     |                 |

|                                  |     |    |
|----------------------------------|-----|----|
| Confined space is safe for entry | Yes | No |
|----------------------------------|-----|----|

|                 |           |
|-----------------|-----------|
| Supervisor Name | Signature |
|-----------------|-----------|

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| Entrants | Time in | Time out | In | Out | In | Out | In | Out |
|----------|---------|----------|----|-----|----|-----|----|-----|
|          |         |          |    |     |    |     |    |     |
|          |         |          |    |     |    |     |    |     |
|          |         |          |    |     |    |     |    |     |
|          |         |          |    |     |    |     |    |     |
|          |         |          |    |     |    |     |    |     |
|          |         |          |    |     |    |     |    |     |
|          |         |          |    |     |    |     |    |     |
|          |         |          |    |     |    |     |    |     |

| PERMIT CANCELLATION  |      |      |
|--|------|------|
| I hereby confirm that the work related to this permit has been completed and no workers remain in the space. |      |      |
| Cancelled by   |      |      |
| Signature  | Date | Time |

