



CONFINED SPACE ENTRY PERMIT

Confined Space Name/Location/Identification #:	Entry Supervisor (print):	Date:
Description of Work to be Performed in Confined Space:		Estimated Duration:

An entry permit is required prior to entry/work in the confined space; a separate entry permit is required each time work is to be performed in the confined space.

Note: the permit is only **complete** when the following is filled out: **after exit:** # 2 -- "Exit Time", # 6 "Entry Termination, # 7 Distribution, and # 8 "Signature # 2 by the Entry Supervisor".

1) This **permit is void** if not completed and signed by the Entry Supervisor and accompanied by the following **attachments:**

- Confined Space Hazard Assessment Yes No Dated: _____
- Confined Space Plan Yes No Dated: _____
- Report of Atmospheric Testing** Yes No Dated: _____

2) • **Attendant:** Name _____ Employer _____

• Entrant(s):	Name	Employer	Entry Time	Exit Time
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

• **On-Site Rescue:** 1) Name _____ Employer _____
 2) Name _____ Employer _____

• **Atmospheric Tester:** Name _____ Employer _____

3) **Hot Work Permit Required**

No Yes Permit #: _____ Date: _____ Issued by: _____

4) **Entry Permit Time Period**

Date Entry Permitted: _____ Time period for which this entry permit applies: _____

5) **Signatures -- Acknowledging Review of this Entry Permit**

Attendant: _____ On-Site Rescue: 1) _____ 2) _____

Entrant(s): 1) _____ 2) _____ 3) _____

6) **Entry Terminated** Date: _____ Time: _____

Work completed Other reason: _____

All equipment and lockouts removed Describe: _____

7) **Distribution of Completed Entry Permit** Entry Supervisor/File EHS Fire Prevention Office

8) #1 _____ (Signature) Entry Supervisor #2 _____



ATMOSPHERIC TEST RESULTS

Confined Space Name/Location/Identification #:	Performed by:	Date:
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Atmospheric testing is required just prior to entry and while a worker is in the confined space. Note: Pre-entry tests shall be performed within thirty (30) minutes of entry.

1) Sampling Instrument Information

Instrument Make/Type: _____ Serial Number(s): _____
 Calibration Method(s): _____ Date Last Calibrated: _____
 Instrument(s): In good working order Yes No and appropriate for the hazards identified Yes No

2) Sampling

Continuous monitoring Yes Indicate planned recording intervals: _____

3) Test Results

#	Pre-Entry Test (Y or N)	Location in Space	Time (24 hr time)	LEL < 0%	O ₂ 19.5% - 23%	H ₂ S < 10 ppm	CO < 25 ppm	Tester Initials	Results (Okay)	
									Y	N
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

4) Signatures -- Acknowledging Performance of Atmospheric Testing in the Confined Space

This also provides documentation that the undersigned possesses adequate knowledge, training and experience to perform the appropriate atmospheric tests.

Name: _____ Signature: _____ Employer: _____ Date: _____
 Name: _____ Signature: _____ Employer: _____ Date: _____

