

**CONFINED SPACE ENTRY PERMIT**

Facility Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Confined Space (description): \_\_\_\_\_

Location: \_\_\_\_\_

Purpose of Entry: \_\_\_\_\_

Date of Entry: \_\_\_\_\_ Authorized Duration of Entry \_\_\_\_\_ Entry Time: \_\_\_\_\_ Exit Time: \_\_\_\_\_

Authorized Supervisor: \_\_\_\_\_

Authorized Attendant(s): \_\_\_\_\_

Authorized Entrant(s): \_\_\_\_\_

Known Hazards and Special Precautions: \_\_\_\_\_

<b><u>Special Isolating/Control Requirements (Y or N)</u></b>		
___ Lockout/tagout	___ Blinding/Blanking	___ Ventilation
___ Purging	___ Personal Protective Equipment (Attach list of required equipment)	___ Retrieval lines
___ Disconnect Lines	___ Lighting	___ Inerting
___ Respirator	___ Tripod/hoisting equipment	___ Fire extinguishers
___ Communication Equipment	___ Other(write requirement) _____	

<b><u>Test Values ( ) Indicates Maximum Allowable Limits</u></b>	
% Oxygen ( %)	% LFL/LEL ( %)
% CO2 ( %)	% CO ( %)
% H2S ( %)	% HCN ( %)

Other Gasses, Vapors, Mist, or Dust: \_\_\_\_\_

Testers Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Test: \_\_\_\_\_

Instrument Used: \_\_\_\_\_ Serial No.: \_\_\_\_\_

Date of calibration: \_\_\_\_\_ Calibration results: \_\_\_\_\_

Rescue Service: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Manager/Supervisor Authorizing Entry: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_