

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: _____

<u>Special Isolating/Control Requirements (Y or N)</u>		
___ 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) _____	

<u>Test Values () Indicates Maximum Allowable Limits</u>	
% 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: _____