



CONFINED SPACE ENTRY PERMIT

NO CONFINED SPACE MAY BE ENTERED UNTIL PERMIT IS COMPLETED, CHECKED, AND SIGNED BY A CERTIFIED CONFINED SPACE TECHNICIAN

Date:		Work Order # :		Department:		Division:		
Expiration	Date:	Time Work Started:		Time Permit Canceled:		Time Area Secured:		
	Time:							
Specific Location: (Permit valid at this location only)				Means of communications with entry team:				
For rescue and emergency services call or radio: (Specify organizations and numbers or radio and names)								
Equipment necessary for rescue:								
Safety equipment required for the task:								
Current hazards of the space to be entered:								
Measures used to isolate permit space and to eliminate or control hazards:								
Any other information particular to this confined space needed to assure employee safety:								
Other permits required prior to entry: (i.e. Hot Work Permits)								
Entrants								
	Entry time:		Entry time:		Entry time:		Entry time:	
	Exit time:		Exit time:		Exit time:		Exit time:	
Attendants & Duties								
Entrants								
	Entry time:		Entry time:		Entry time:		Entry time:	
	Exit time:		Exit time:		Exit time:		Exit time:	
Attendants & Duties								
Equipment to be repaired or worked on:								
Work to be completed: (Purpose of entry)								

Gas	1. Is gas testing required? Yes No			Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials
	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials								
O2 19.5 - 23.5											
LEL < 10%											
CO < 35 ppm											
H2S < 10 ppm											
Other											
Gas	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials
O2 19.5 - 23.5											
LEL < 10%											
CO < 35 ppm											
H2S < 10 ppm											
Other											
Gas	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials
O2 19.5 - 23.5											
LEL < 10%											
CO < 35 ppm											
H2S < 10 ppm											
Other											

2. Have all valves been locked?	Yes	No	N/A
3. Have all lines been broken, blocked off, or isolated?	Yes	No	N/A
4. Has the space been purged, inerted, or ventilated?	Yes	No	N/A
5. Have all electric, hydraulic, and pneumatic switches been locked out, tagged out, and tested?	Yes	No	N/A
6. Has all potential stored or residual energy been locked out or tagged out?	Yes	No	N/A
7. Is an approved entry and exit system available?	Yes	No	N/A
8. Are approved respiratory devices - appropriate to the present hazards - available?	Yes	No	N/A
9. Is all required safety equipment available?	Yes	No	N/A
10. Are trained & properly equipped attendants available?	Yes	No	N/A
Instructions to the Entry Supervisor:			
1. Communicate all elements of the permit to each member of the work crew prior to entry.			
2. Before Re-entry: Retest atmospheric conditions. Verify that all precautions and other measures called for on the permit are still in effect. Only operations or work originally approved on the permit shall be allowed on re-entry.			
3. Cancel the permit when: Work is completed. Conditions or work activity are outside the limits specified on the permit. Conditions or work activity could introduce a new hazard to the confined space.			
4. Issue a new permit or re-issue the original permit when there is a change in work conditions or work activity that introduce new hazards into the confined space.			
5. Refer to the Permit-Required Confined Space Entry Program, the City Safety Coordinator, or a member of the CSSC for guidance to questions pertaining to confined spaces.			

I certify to the accuracy of this permit and that: all foreseeable hazards have been abated; all reasonable safety precautions have been taken; and all personnel have been briefed of each element of the permit before entry.

Air Monitor Name: _____

Signature: _____

Entry Supervisor Name: _____

Title: _____

Entry Supervisor Signature: _____

Date: _____