

Confined Space Entry Permit

Permit valid for one shift only. Permit must be posted near entry point. Keep permit on file for one year.

Date: ____/____/____ Entry Time: _____ AM PM Permit Expiration Time: _____ AM PM

Confined Space Name/ID: _____ Location: _____

Reason for Entry: _____

Entry Point: TOP BOTTOM SIDE Communication used: VOICE HAND SIGNAL RADIO Other _____

Hazard Identification & Control *Identify potential or known hazards for the confined space. For "OTHER" explain in notes.*

Atmospheric Hazards present or potentially present – (check all that apply). YES NO NA

Oxygen Deficient <19.5% Flammable Gases, Vapors when ≥ 10% LFL Airborne combustible dust

Oxygen Enriched ≥ 23.5% Toxic Gases, Vapors when ≥ PEL Other _____

Control: Test before entry Continual monitoring Natural ventilation Forced air ventilation Other

Engulfment & Entrapment Hazards present or potentially present - (check all that apply) YES NO NA

Flowing material Hung up, bridged, crusted material Inwardly converging walls Sloping floors Other

Control: LOTO fill and/or emptying equipment Lock gates Block spouts/pipes Drain/empty Lifeline use

Potential/known hazard	YES	NO	Type / Control Used	Potential/known hazard	YES	NO	Type / Control Used
Egress hazards	<input type="checkbox"/>	<input type="checkbox"/>		Respiratory hazards	<input type="checkbox"/>	<input type="checkbox"/>	
Insufficient lighting hazard	<input type="checkbox"/>	<input type="checkbox"/>		Skin hazards	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical hazards	<input type="checkbox"/>	<input type="checkbox"/>		Heat/Cold hazards	<input type="checkbox"/>	<input type="checkbox"/>	
Mechanical hazards (unguarded items)	<input type="checkbox"/>	<input type="checkbox"/>		Snake, Rodent, Animal and Insect Hazards	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>		Vehicle hazards	<input type="checkbox"/>	<input type="checkbox"/>	
Fall hazards	<input type="checkbox"/>	<input type="checkbox"/>		Noise hazards	<input type="checkbox"/>	<input type="checkbox"/>	

Other Hazards & Control:

Safety & Emergency Rescue LOCAL RESCUE / FIRE DEPT: _____

	YES	NO	NA		YES	NO	NA
Entry area secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety harness & lifeline or retrieval line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOTO/de-energization & isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PPE inspection completed before use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting (rated for type of space/work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical retrieval device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot work permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respirator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-sparking tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local Fire/Rescue Notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Entrants should always wear hard hats, work books, and eyewear.

Rescue equipment available? YES NO Type: _____

Stand by personnel used? YES NO Name(s): _____

CPR trained person available? YES NO Name(s): _____

