

DPC CONFINED SPACE ENTRY PERMIT

NOBODY WILL ENTER A CONFINED SPACE UNTIL PERMIT IS COMPLETED BY ENTRY SUPERVISOR

Post at entrance to confined space until work inside is complete

Jobsite Location & Description: _____

Permit Begins: Date _____ Time: _____ AM PM Expires: Date _____ Time: _____ AM PM

Circle Type : Manhole Lift Station Vault Tank Excavation Other _____

Purpose of Entry: _____

Print Names of Authorized Individuals

Supervisor:	
Attendants	Entrants

Circle Method of Communication: Hand Radio Cell Visual

Designated Rescue FD & # _____

Circle: ENTRY EQUIPMENT NEEDED	Circle: RESCUE EQUIPMENT NEEDED FOR ENTRY
Hard Hat Y N Boots Y N	Harness / Lifeline
Coveralls Y N Safety Glasses Y N	Tripod with Winch
Safety Goggles Y N Face Shield Y N	First Aid Kit
Ear Protection Y N Gloves Y N	Eye Wash Solution
Safety Lights Y N Encapsulated Suit Y N	Other: _____
Lockout Devices Y N Warning Signs Y N	
Fire Extinguisher Y N Non-spark tools Y N	
Ventilator Y CFM _____ N	

LOCKOUT REQUIREMENTS (please circle and initial)	NA	Y	N	Initials
Electrical: locked out	NA	Y	N	
Mechanical moving parts: (Latched chained chocked blocked)	NA	Y	N	
Pumps & Hydraulics: (blanked bled disconnected)	NA	Y	N	
Pipelines: blanked bled disconnected	NA	Y	N	
Valves: locked out disconnected	NA	Y	N	
Belt Drives: locked out disconnected	NA	Y	N	
Chain Drives: locked out disconnected chocked	NA	Y	N	
Shaft Drives: locked out chocked	NA	Y	N	
Space Purged: Inert gas	NA	Y	N	

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ACCEPTABLE ENTRY CONDITIONS

Oxygen: > 19.5% < 23.5% Flammable / Combustible: < 10% LEL

Hydrogen Sulfide: < 10 PPM Carbon Monoxide : < 35 PPM

ATMOSPHERIC TESTING & MONITORING

Make/Model/ID of Meter: _____

Calibration Date: _____ Site Tested: Y N Used for Continuous Monitoring of Site Y N

Date of Site Test: _____ Test 1 Time: _____ AM PM

Oxygen % _____

LEL % _____

CO: _____

H2S % _____

Methane % _____

more tests on page 3

Tested By: _____

HOT WORK PERMIT: If yes attach to this permit

Is a Hot Work Permit required : Y N

SIGNATURE OF ATTENDANTS AND ENTRANTS

The confined space job had it's safety aspects explained to us.

We have read and understand this permit. We consider it safe to proceed with the entry into the confined space.

(Please sign, date and initial)

ATTENDANTS	Date	Initials	ENTRANTS	Date	Initials

SIGNATURE OF ENTRY SUPERVISOR

All actions and/or conditions necessary for safe entry have to the best of my knowledge been satisfactorily performed.

I consider it safe for the attendants and entrants to proceed with the Confined Space Entry.

Signed: _____ Date: _____ Time: _____ AM PM

CANCELLATION OF PERMIT

Date: _____ Time: _____ AM PM Decided by: _____

Reason: _____

EVALUATION (within 24 hours of completion of the work)

BY: _____ Date: _____ Time: _____

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Test 2	Time: _____	AM	PM
Oxygen % _____			
LEL % _____			
CO: _____			
H2S % _____			
Methane % _____			
Tested By: _____			

Test 3	Time: _____	AM	PM
Oxygen % _____			
LEL % _____			
CO: _____			
H2S % _____			
Methane % _____			
Tested By: _____			

Test 4	Time: _____	AM	PM
Oxygen % _____			
LEL % _____			
CO: _____			
H2S % _____			
Methane % _____			
Tested By: _____			

Test 5	Time: _____	AM	PM
Oxygen % _____			
LEL % _____			
CO: _____			
H2S % _____			
Methane % _____			
Tested By: _____			

Test 6	Time: _____	AM	PM
Oxygen % _____			
LEL % _____			
CO: _____			
H2S % _____			
Methane % _____			
Tested By: _____			

Test 7	Time: _____	AM	PM
Oxygen % _____			
LEL % _____			
CO: _____			
H2S % _____			
Methane % _____			
Tested By: _____			

Test 8	Time: _____	AM	PM
Oxygen % _____			
LEL % _____			
CO: _____			
H2S % _____			
Methane % _____			
Tested By: _____			