

Confined Space Entry Permit

Date: _____

Location: _____

Description of work to be performed: _____

Name(s) of Entrants:

Name(s) of Attendants:

Type of Confined Space:

- Manhole:
 Sanitary
 Storm
 Other

- Lift Station:
 Sanitary
 Storm
 Other

Tank

Excavation

Confined Space Air Monitoring:

Test #1

Time _____
Oxy _____
%LEL _____
H2S _____
CO _____

Test #2

Time _____
Oxy _____
%LEL _____
H2S _____
CO _____

Test #3

Time _____
Oxy _____
%LEL _____
H2S _____
CO _____

Test #4

Time _____
Oxy _____
%LEL _____
H2S _____
CO _____

Gas Detector Serial #: _____

Date Calibration Last Checked: _____

Type of Confined Space Entry:

Non-Permit
(stop proceed with entry)

Alternate Procedure
 With attendant
 Isolation used

Permit Required
 Isolation used

Ventilation:

- Yes
 - Continuous forced air
 - Exhaust ventilation

No
 If no, explain why: _____

Rescue Equipment:

- Non-Entry Rescue:
 - Tripod & winch
 - Full body harness
 - Radio or cell phone

- Entry Rescue:
 - Air-line respirator
 - Adequare air supply
 - Life-line for rescue
 - Tripod & winch for removal
 - Radio or cell phone
 - Second attendant/rescuer

Emergency # (if not 911): _____

Entry Authorization:

I acknowledge that I have thoroughly reviewed the hazards present in the confined space to be entered. Based upon those hazards, the safety procedures selected, and my knowledge of the confined space and the work to be performed, I authorize the above individuals to work in the confined space.

Name of Entry Supervisor

Signature

Permit Cancellation:

Date Cancelled: _____

Time Cancelled: _____

- Permit Cancelled:
- Job Completed
 - Hazards Found
 - End of Day

Permit Canceled By:

Name of Entry Supervisor

Signature