

CONFINED SPACE ENTRY PERMIT

Entry Date: _____ Start Time: _____ Completion Time: _____

Description of Work To Be Performed: _____

Location of Confined Space : _____

Confined Space ID #: _____ Classification: _____

Type of Confined Space: _____

Supervisor in Charge Of Entry (print name): _____

Safety Watch (print name): _____

Pre-Entry Authorization

(check those items below which are applicable to your confined space entry permit)

- | | | |
|--|---|---|
| <input type="checkbox"/> Oxygen-Deficient Atmosphere | <input type="checkbox"/> Engulfment | <input type="checkbox"/> Energized Electrical Equipment |
| <input type="checkbox"/> Oxygen-Enriched Atmosphere | <input type="checkbox"/> Toxic Atmosphere | <input type="checkbox"/> Entrapment |
| <input type="checkbox"/> Welding/Cutting (Hot Work) | <input type="checkbox"/> Flammable Atmosphere | <input type="checkbox"/> Hazardous Chemical |

PPE & Safety Equipment Required for Entry

- | | | |
|---|--|---|
| <input type="checkbox"/> Self Contained Breathing Apparatus | <input type="checkbox"/> Harness | <input type="checkbox"/> Hard Hat |
| <input type="checkbox"/> Air-Line Respirator (SABA) | <input type="checkbox"/> Rescue Tripod with lifeline | <input type="checkbox"/> Safety glasses / Goggles / Shields |
| <input type="checkbox"/> Flame Resistant Clothing | <input type="checkbox"/> Rescue Tripod with mechanical winch | <input type="checkbox"/> Hearing Protection |
| <input type="checkbox"/> Ventilation | <input type="checkbox"/> Chemical Suits | <input type="checkbox"/> Steel Toed Boots |
| <input type="checkbox"/> Two Way Communications | <input type="checkbox"/> Gloves | <input type="checkbox"/> _____ |

Comments: _____

Air Monitoring Results Prior To Entry

Monitor Type: _____ Serial Number: _____

Oxygen _____ % LEL _____ % CO _____ % H₂S _____ %

Calibration Performed? YES NO Initials _____

Alarm Conditions? YES NO

Monitoring Performed By (sign): _____ Date: _____ Time _____

Continuous Air Monitoring Results

Time _____	Oxygen _____ %	LEL _____ %	CO _____ %	H ₂ S _____ %
Time _____	Oxygen _____ %	LEL _____ %	CO _____ %	H ₂ S _____ %
Time _____	Oxygen _____ %	LEL _____ %	CO _____ %	H ₂ S _____ %
Time _____	Oxygen _____ %	LEL _____ %	CO _____ %	H ₂ S _____ %
Time _____	Oxygen _____ %	LEL _____ %	CO _____ %	H ₂ S _____ %

Continuous Monitoring Performed By (sign): _____

ENTRY AUTHORIZATION

All actions and/or conditions for safe entry have been performed

Person in Charge of Entry (sign) _____

Safety Watch (sign) _____

**CONFINED SPACE ENTRY
PRE-ENTRY CHECKLIST**

Job Number: _____ **Safety Watch:** _____

Client: _____ **Client Rep.:** _____

Location: _____ **Supervisor:** _____

Confined Space Description: _____

	ITEM TO BE CHECKED	YES	N/A	CHECKED BY	TIME
1.	Safety Watch has been designated (Named above on this document)				
2.	Safety Watch has reviewed the <i>Confined Space Code Of Practice</i> .				
3.	<i>Confined Space Permit</i> has been completed.				
4.	<i>Rescue Plan</i> is documented and rescue equipment is in place.				
5.	Known hazards are identified and mitigated. (Wrapex Hazard Assessment)				
6.	Confined space is clearly marked.				
7.	Contents (or previous contents) of confined space are identified.				
8.	Confined space has been / is being ventilated.				
9.	Confined space atmosphere is being continuously monitored.				
10.	Atmospheric testing equipment has been function tested. (bump test)				
11.	Equipment affecting the confined space is locked out and tagged.				
12.	Piping into or affecting the confined space is isolated to zero energy. (Blanking & Blinding SWP followed)				
13.	Physical check for zero energy. Verified by (name)				
14.	Communications system between entrants and safety watch is in place and tested.				
15.	Entry workers training qualifications (competencies) reviewed.				
16.	Hot Work hazard assessment has been completed.				
17.	Supplied air (SCBA or SABA) is available for workers.				
18.	Safety ropes and harnesses are available for entry workers.				
19.	Is electrical equipment over 12 volts ground-fault protected?				

ATMOSPHERIC TESTING

TEST TIME	TESTED BY	LEL %	H ₂ S %	OXYGEN %	

SAFETY WATCH (SIGN) (PRINT) DATE

SUPERVISOR (SIGN) (PRINT) DATE

Include with Tailgate meeting for Confined Space Entry as well as any permit issued for this work.

