CONFINED SPACE ENTRY PERMIT

Specific Location:			
Duration of Shift: From (D	ate/Hour)	To:	
Confined Space Description	n and Hazards of Space	ce:	
Job to be Performed:			
Personnel Included in Perm	nit:		
I. Following items Comple	te:	YES-NO-N/A	
1. Contents remove	d/purged		
2. Electrical Lockou	1 0	 	
3. Mechanical Lock			
4. Fire Equipment i			
5. Ventilation Provi			
	ng Complete (H2S, C	PR)	
7. Rescue Plan Con		, <u> </u>	
8. Rescue Equipme	<u>-</u>		
9. Adequate/Safe L			
10. Calibration Che		11	
Uncontaminate	d Area		
11. Safety Meeting		<u>ii_i_i</u>	
Calibration Results: O2	%LEL H2	SCOOkay	
Monitoring Results: Time_	O2%LEL_	H2SCO	
Time_	O2%LEL_	H2SCO	
	O2%LEL_	H2SCO	
Safe Atmospheric Monitor	ing Levels:		
Oxygen: 19.5 - 23.5% Lower Explosive Limit (LH Hydrogen Sulfide (H2S): 1 Carbon Monoxide (CO): 2	0ppm		
Monitoring Equipment:	Make	Serial#	
	Make	Serial#	
	Make	Serial#	
Explain"No"Answers			
II. Atmosphere Gas Tests I	nformation:		
Location of Test:			

Person Conducting Test:	Date:	
III. Protective and Rescue Equipment Re	juired:	
Face Shield Goggles Respiratory Equipment (type) Other:	Gloves Hardhat 2-Way Radio Safety Harness/Lifeline)
Check if Applies:ENTRY IS APPRO	VED ONLY WITH RESPIRATORY	PROTECTION
SIGNATURE OF PERSON AUTHORIZ Date:	ING ENTRY Time: a.m. /p.m.	
IV. Attendant(s):		
***********	***********	******
V. Special Precautions Required for Entr	y: 	
***********	***********	******
VI. Rescue Plan:		
1. Designated Team Leader or Se	vice:	
2. Location of Safe Briefing Area	(s):	
•		
	rvice:	
Other(s):	:	
4. Emergency Equipment:		
***********	 **************	******
Supervisor of Entry Personnel:		
	Time: ITIONS CHANGE OR WORK SHIFT W PERMIT MUST BE ISSUED.	a.m. /p.m. `ENDS. IF
VII. Coordination:		
Host:		
Controlling Contractor:		
Entry Employer:		
Outside employer working near: _		
- -		