

# CONFINED SPACE ENTRY PERMIT

Project: \_\_\_\_\_

Specific Location: \_\_\_\_\_

Duration of Shift: From (Date/Hour) \_\_\_\_\_ To: \_\_\_\_\_

Confined Space Description and Hazards of Space: \_\_\_\_\_

Job to be Performed: \_\_\_\_\_

Personnel Included in Permit: \_\_\_\_\_

## I. Following items Complete:

YES-NO-N/A

- |  |       |
|--|-------|
| 1. Contents removed/purged                                   | _____ |
| 2. Electrical Lockout  | _____ |
| 3. Mechanical Lockout  | _____ |
| 4. Fire Equipment in Place                                   | _____ |
| 5. Ventilation Provided                                      | _____ |
| 6. Employee Training Complete (H2S, CPR)                     | _____ |
| 7. Rescue Plan Complete (Sec. VI)                            | _____ |
| 8. Rescue Equipment on Site                                  | _____ |
| 9. Adequate/Safe Lighting                                    | _____ |
| 10. Calibration Check Prior to Use in<br>Uncontaminated Area | _____ |
| 11. Safety Meeting   | _____ |

Calibration Results: O2 \_\_\_\_\_ %LEL \_\_\_\_\_ H2S \_\_\_\_\_ CO \_\_\_\_\_ Okay \_\_\_\_\_

Monitoring Results: Time \_\_\_\_\_ O2 \_\_\_\_\_ %LEL \_\_\_\_\_ H2S \_\_\_\_\_ CO \_\_\_\_\_

Time \_\_\_\_\_ O2 \_\_\_\_\_ %LEL \_\_\_\_\_ H2S \_\_\_\_\_ CO \_\_\_\_\_

Time \_\_\_\_\_ O2 \_\_\_\_\_ %LEL \_\_\_\_\_ H2S \_\_\_\_\_ CO \_\_\_\_\_

Safe Atmospheric Monitoring Levels:

Oxygen: **19.5 - 23.5%**

Lower Explosive Limit (LEL): **Less than 10%**

Hydrogen Sulfide (H2S): **10ppm**

Carbon Monoxide (CO): **25ppm**

Monitoring Equipment: Make \_\_\_\_\_ Serial# \_\_\_\_\_

Make \_\_\_\_\_ Serial# \_\_\_\_\_

Make \_\_\_\_\_ Serial# \_\_\_\_\_

Explain "No" Answers

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## II. Atmosphere Gas Tests Information:

Location of Test: \_\_\_\_\_

