

Confined Space Entry Permit

ENTRY PERMIT

Date & Time Issued:		Date & Time Expires:			
Site Location & Description:					
Purpose of Entry:					
Job Foreman Name:		Confined Space Entry	Supervisor:		
	Atto	endants			
1	2		3		
	Ent	ry Crew			
1	3		5		
2	4	Tr	6	1	
REQUIREMENT(s)	DATE	:/TIME	INITIALS	
Lockout/Tagout					
Line(s) Broken/Capped/Blanked					
Purge, Flush and Vent					
Ventilation					
Secure Area (Post and Flag)					
Breathing Apparatus					
Resuscitator-Inhalator					
Full-Body Harness w/"D" ring					
Emergency Escape Retrieval Equipment					
Lifelines					
Fire Extinguisher(s)					
Lighting (intrinsically safe)					
Protective Clothing					
Respirator(s) (Air Purifying)					
Communication Equipment					

^{*}BOLD denotes minimum requirements to be completed and reviewed prior to entry.

CONTINOUS MONITORING (Record continuous monitoring results every 2 hours)

Tests to be Taken	Permissible Entry Level (PEL)	Initial Reading
Percent of Oxygen	19.5% - 23.5%	
Lower Flammable Limit (LFL)	Under 10%	
Carbon Monoxide	+35 PPM	
Aromatic Hydrocarbon	+1 PPM (5 PPM *)	
Hydrogen Cyanide (Skin)	4 PPM*	
Hydrogen Sulfide	+10 PPM (15 PPM*)	
Ammonia	35 PPM*	

^(*) Denotes Short-term exposure limit: Employee can work in the area up to 15 minutes.

Periodic Readings 1st 2nd 3rd 4th

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Test Taken	Time	Level	Time	Level	Time	Level	Time	Level
Percent of Oxygen								
Lower Flammable Limit (LFL)								
Carbon Monoxide								
Aromatic Hydrocarbon								
Hydrogen Cyanide (Skin)								
Hydrogen Sulfide								
Ammonia								

Atmospheric Testing Device

Gas Monitor Name	Model/Type	Serial#/Unit#	Calibration Date

Emergency Numbers

Site Safety Representative	Fire/Ambulance
Site Security	Gas Detector Support

⁽⁺⁾ Denotes 8 hour Time Weighted Average: Employee can work in area 8 hours (longer with appropriate respiratory protection).