



CONFINED SPACE ENTRY PERMIT

COMPANY NAME: _____

CONTACT: _____

PHONE: _____

DATE: _____ **TIME:** _____ **AM/PM** (CIRCLE ONE)

PURPOSE OF ENTRY : _____

LOCATION: _____

ENTRANTS: 1.) _____

2.) _____

3.) _____

ATTENDANTS: 1.) _____ **Time:** _____

2.) _____ **Time:** _____

SUPERVISOR: 1.) _____ **Time:** _____

CONFINED SPACE PREPARATION FOR ENTRY:	Yes	No	Time
1. Was the ACC notified of entry?			
2. Was the instrument tested to atmosphere prior to use?			
3. At anytime did your monitor sound an alarm?			
4. Communication method to be used by entrants & attendants:			

GAS MONITOR:

1.) _____

2.) _____

3.) _____

PERIODIC ATMOSPHERE TEST: (Every 30 Min:)													
	Time	Top	Top	Top	Top	Middle	Middle	Middle	Middle	Bottom	Bottom	Bottom	Bottom
Before Venting													
After Venting													
30 Min.													
60 Min.													
90 Min.													
120 Min.													
150 Min.													
180 Min.													
Permissible Levels		19.9-23.5%	10% <	5ppm <	25ppm <	19.9-23.5%	10% <	5ppm <	25ppm <	19.9-23.5%	10% <	5ppm <	25ppm <
Monitoring		Oxygen	LEL	HS	CO2	Oxygen	LEL	HS	CO2	Oxygen	LEL	HS	CO2

Personal Protective Equipment:	Yes	No	N/A
1.) Anti Fall			
2.) Hard Hat/ Gloves			
3.) Safety Glasses			
4.) Lighting			
5.) Barriers/Cones			
6.) Lighting			
7.) Proper Entry			
8.) Lifelines			
9.) Other			
10.) Hot Work Permit			
11.) Special Equipment			

CONFINED SPACE HAZARDS:	WAS HAZARD ISOLATED?		
	Yes	No	N/A

Permit Cancelled By: _____ **Time:** _____

Standby Person: _____