

**Appendix III-G9-1
Confined Space Entry Permit**

All employees entering a confined space must be trained. Employees must have read and understand the Confined Space Entry and Rescue Procedure.

This permit is valid for 12 hours only. All copies will remain at job site until job is complete.

Date: _____ Site and area location: _____ Permit No. _____

Reason for entry: _____

Person in charge: _____

The following checks are required for all confined space entry:

Lockout/Tag complete- Yes No N/A

Purge-Flush complete Yes No N/A

Ventilation Yes No N/A

Fire Extinguisher Yes No N/A

Breathing apparatus / Respirator (specify): _____

Lighting (specify): _____

Protective clothing (specify): _____

Continuous method of communication (specify): _____

Tests(s) to be taken at every level:

Percent of Oxygen (O₂) 19.5% to 23%_ Top _____ Middle _____ Bottom _____

Carbon Monoxide (CO) __ Top _____ Middle _____ Bottom _____

Hydrogen Sulfide (H₂S) __ Top _____ Middle _____ Bottom _____

Lower Explosive Limit (LEL) ____ Top _____ Middle _____ Bottom _____

Is continuous monitoring required - Yes No N/A

Gas Tester:

Manufacture _____ Model _____ Serial # _____

Date Calibrated _____

Persons entering the confined space:

Please clearly print and sign your name in the available spaces below.

I have been trained in confined space entry and I have read and understand the Confined Space Entry and Rescue Procedure:

(1) _____
Print Name Signature

(2) _____
Print Name Signature

(3) _____
Print Name Signature

(4) _____
Print Name Signature

Standby Worker

I have been trained in confined space entry and I have read and understand the Confined Space Entry and Rescue Procedure and have current first aid certification.

Trained person in charge satisfied that all conditions have been met.

Print Signature

CONFINED SPACE ENTRY PERMIT

Permit Number _____ Date _____

Location & Description of Confined Space:

Purpose of Entry:

Scheduled Start _____ a.m. _____ p.m. Time	Scheduled Finish _____ a.m. _____ p.m. Time
Entrants:	Attendants:
_____	_____
_____	_____
Risk assessment conducted and reviewed with all involved:	Yes ___ Names _____

{Check those items below which are applicable to your confined space permit.}

TYPES OF HAZARDS

- | | | |
|--|---|---|
| <input type="checkbox"/> Oxygen-Deficient Atmosphere | <input type="checkbox"/> Hazardous Chemical | <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 | <input type="checkbox"/> Flammable Atmosphere | <input type="checkbox"/> Engulfment |
| <input type="checkbox"/> Fall Hazard | | |

Note: If welding/cutting operations are to be performed, also use hot work permit.

SAFETY PRECAUTIONS

- | | | |
|--|--|---|
| <input type="checkbox"/> Self-Contained Breathing Apparatus (SCBA) | <input type="checkbox"/> Protective Gloves | <input type="checkbox"/> Barricade Job Area |
| <input type="checkbox"/> Supplied Air Respirator (SAR) | <input type="checkbox"/> Lifelines/Harness | <input type="checkbox"/> Signs Posted |
| <input type="checkbox"/> Fire-Retardant Clothing | <input type="checkbox"/> Respirators | <input type="checkbox"/> Blanking |
| <input type="checkbox"/> Ventilation (Mechanical) | <input type="checkbox"/> Lockout/Tag-out | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Air Monitor | <input type="checkbox"/> Fire Extinguishers | <input type="checkbox"/> Ground Fault Circuit Interrupter |
| | <input type="checkbox"/> Tripod/ Winch/Harness | <input type="checkbox"/> Hot Work Permit |

Employee(s) Conducting Safety Checks of Equipment/PPE - SIGNATURE(S): _____

Safe work procedure for entering, working and exiting space – use reverse page if more room is required.

ENVIRONMENTAL CONDITIONS

INITIAL TEST	ACTUAL LEVELS	TIME	LIMITS	RE-TESTING	ACTUAL LEVELS	TIME	
Oxygen:	_____ %	_____ am/pm	(19.5-23%)	Oxygen:	_____ %	_____ am/pm	
Lower Explosive Limit:	_____ %	_____ am/pm	(10% of LEL)	Lower Explosive Limit:	_____ %	_____ am/pm	
Hydrogen Sulphide:	_____ %	_____ am/pm	(10 ppm)	Hydrogen Sulphide:	_____ %	_____ am/pm	
Carbon Monoxide:	_____ %	_____ am/pm	(25 ppm)	Carbon Monoxide:	_____ %	_____ am/pm	
Instruments Used:	_____						
Instrument Calibration Date:	_____						
SIGNATURE	_____			SIGNATURE	_____		

Use reverse page if more room is required for documentation

ENTRY AUTHORIZATION All actions and/or conditions for safe entry have been performed. Supervisor of Entry _____ PLEASE PRINT	ENTRY CANCELLATION Entry has been completed and all entrants have exited permit space. Person in Charge of Entry _____ PLEASE PRINT
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IN CASE OF EMERGENCY CALL 911

REVISED JANUARY 30, 2009

