



# Environmental Health and Safety

## Confined Space Entry Permit

Date/Time Issued:		Location:	
Date/Time Expires:		Grid Location:	
Purpose for Entry:			
Employees Entering:			

Yes	No	EXPECTED HAZARDS
<input type="checkbox"/>	<input type="checkbox"/>	Hot Equipment
<input type="checkbox"/>	<input type="checkbox"/>	Corrosive Materials
<input type="checkbox"/>	<input type="checkbox"/>	Flammable Materials
<input type="checkbox"/>	<input type="checkbox"/>	Open Drain
<input type="checkbox"/>	<input type="checkbox"/>	Spilled Liquid
<input type="checkbox"/>	<input type="checkbox"/>	Standing Water
<input type="checkbox"/>	<input type="checkbox"/>	Pressure Systems
<input type="checkbox"/>	<input type="checkbox"/>	Spark Producing Operations
<input type="checkbox"/>	<input type="checkbox"/>	Welding, Brazing, Open Flame
<input type="checkbox"/>	<input type="checkbox"/>	Drifting Vapors from Adjacent Sources
<input type="checkbox"/>	<input type="checkbox"/>	Other:

**PROHIBITED CONDITIONS:**

PRECAUTIONS TAKEN	Yes	No	N/A
Has the procedure been approved by EH&S?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has all testing/monitoring equipment been tested/calibrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the space tested for flammable, O <sub>2</sub> and toxins? (Attach Air Sample Data)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were hazards pertaining to the space explained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were emergency and rescue procedures explained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are hazardous lines isolated, disconnected, blinded or blocked off?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all electrical switches locked and tagged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is communication equipment available/procedures explained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is lighting, ladders, barrier/shields, or other necessary equipment available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the tripod, rescue lines, and harnesses/safety belts available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is necessary protective equipment available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is purging and ventilation required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is forced air equipment working properly and from a clean supply?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has forced air been supplied for the required time before entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have other documents (Hot Work/LOTO/Fire System Shutdown) been completed? (If required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Air Sampling Data

Sampling Equipment Used: \_\_\_\_\_

Serial #: \_\_\_\_\_ Last Calibration Date: \_\_\_\_\_

Used By: \_\_\_\_\_

\*\*CONDUCT AIR SAMPLING IN THE ORDER DEPICTED BELOW\*\*

Time	Oxygen %			Flammability (% LEL)			Hydrogen Sulfide			Carbon Monoxide					
	<i>T</i>	<i>M</i>	<i>B</i>	<i>T</i>	<i>M</i>	<i>B</i>	<i>T</i>	<i>M</i>	<i>B</i>	<i>T</i>	<i>M</i>	<i>B</i>	<i>T</i>	<i>M</i>	<i>B</i>
1.															
2.															
3.															
4.															
5.															
6.															
7.															
8.															

***T = Top    M = Middle    B = Bottom***

**Values:** Oxygen (O<sub>2</sub>) – greater than 19.5%, less than 21%  
 Flammability less than 10% LEL  
 Hydrogen Sulfide (H<sub>2</sub>S) – less than 10 ppm  
 Carbon Monoxide (CO) – less than 25 ppm

**Description of Air Sampling Area:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EH&S Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I certify that the above conditions are accurate and entry is only for the stated purpose, time, and identified employees. If any question in the "Precautions Taken" section was answered "No" the permit will not be approved until the identified problem is corrected.*

Entry Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Current Entry Supervisor:** \_\_\_\_\_

**Current Attendant(s):** \_\_\_\_\_