***Confined Space Entry Permit***

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| **Date Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Time Valid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Date / Time Cancelled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Space to Be Entered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Job to Be Performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **- Lockout / Tagout -** |

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| **Source of Energy:** | **N / A** | **Yes** | **No** |
| **Chemical / Gas / Product Line(s) – All Sources*** **Misaligned**
* **Blinded**
* **Double-Block & Bleed**
 | **( )****( )****( )** | **( )****( )****( )** | **( )****( )****( )** |
| **Electrical Power – All Sources*** **De-energized**
* **Locked & Tagged-Out**
* **Tested**
 | **( )****( )****( )** | **( )****( )****( )** | **( )****( )****( )** |
| **Other Forms – All Sources*** **Hydraulic Energy – Lockout / Tagout / Tested?**
* **Pneumatic Energy – Lockout / Tagout / Tested?**
* **Thermal Energy - Lockout / Tagout / Tested?**
* **List Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / Lockout / Tagout / Tested?**
 | **( )****( )****( )****( )** | **( )****( )****( )****( )** | **( )****( )****( )****( )** |
| **- Space *Evaluation* Testing –**

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|  | **N / A** | **Yes** | **No** |
| * **Instrument Bump-Tested Prior to Testing w/ no Errors?**
 | **- -** | **( )** | **( )** |

**Time Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ am / pm Instrument Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Oxygen %: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **LEL %: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **H2S ppm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **CO ppm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Permissible: 19.5% - 23.5%** |  **0% - 5% LEL** |  **0 – 5 PPM**  |  **0 – 25 PPM** |

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| **Tester Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Tester Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**- Space Normalization -**

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| **Purging Utilized** | **N / A** | **Yes** | **No** |
| * **Forced Air Ventilation**
* **Exhaust Ventilation**
 | **( )****( )** | **( )****( )** | **( )****( )** |

**- Space *Verification* Testing -**

**Time Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ am / pm**

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| **Oxygen %: \_\_\_\_\_\_\_\_\_\_\_\_\_** | **LEL %: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **H2S ppm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **CO ppm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Tester Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Tester Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**- Emergency & Rescue Procedures –**

**Emergency (Requiring Exit & Permit Closure) = “**Any occurrence (including any failure of [power], hazard control, or monitoring equipment) or event internal or external to the permit space that could endanger entrants.”

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| **Who will perform *Entry Rescue* if needed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Ability to Summon / Availability Confirmed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Ambulance #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Fire #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Safety #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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|  | **Yes** | **No** |
| * **Have rescuers *practiced* rescue in similar entry conditions *within the last year*?**
* **Does at least one member of the rescue team hold *current* certification in 1st Aid & CPR?**
* **Is a *separate* permit process in-place for ENTRY RESCUES (if they are to be utilized)?**
 | **( )****( )****( )** | **( )****( )****( )** |

**- Normal Entry Communication Procedures -**

**Describe Communications System: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**- Confined Space Equipment -**

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| **Ventilator*** **5 Air Changeovers Completed?**
* **Bonded & Grounded (if applicable)?**
* **Will Be Continuously Used during Entry?**
 | **( )****( )****( )** | **( )****( )****( )** | **( )****( )****( )** |
| **Respiratory Protection Selected*** **Filtering Facepiece**
* **Half-Mask w/ Filters & / or Cartridges**
* **Full-Mask w/ Filters & / or Cartridges**
* **PAPR**
* **Airline Respirator (with Escape if in IDLH)**
* **SCBA**
 | **( )****( )****( )****( )****( )****( )** | **( )****( )****( )****( )****( )****( )** | **( )****( )****( )****( )****( )****( )** |

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|  | **Yes** | **No** |
| * **Have users been medically evaluated and fit-tested?**
* **Does the respirator meet “Maximum Use Concentration” for hazards to be encountered?**
 | **( )****( )** | **( )****( )** |
|  |  |  |
|  | **N / A** | **Yes** | **No** |
| **Chemical Protective Clothing*** **Has clothing been selected based on hazard types & exposure levels?**
* **Was the clothing properly decontaminated / inspected?**
* **Are eye and body wash stations available for overexposure / splash?**
* **Are decontamination facilities present for post-work cleanup?**
 | **( )****( )****( )****( )****N / A** | **( )****( )****( )****( )****Yes** | **( )****( )****( )****( )****No** |
| **Hot Work*** **Has the permit been completed?**
* **Has proper PPE been selected?**
* **Has PPE been inspected for damage?**
* **Fire Watch on Duty?**
* **Fire Extinguisher Available?**
 | **( )****( )****( )****( )****( )** | **( )****( )****( )****( )****( )** | **( )****( )****( )****( )****( )** |
| **Entry / Rescue Equipment*** **Harness selected, inspected and worn?**
* **Davit selected, inspected and set up?**
* **Tripod selected, inspected and set up?**
* **Winch selected, inspected and set up?**
* **SRL with rescue winch selected, inspected and set up?**
* **SCBAs for stand-by personnel?**
 | **( )****( )****( )****( )****( )****( )** | **( )****( )****( )****( )****( )****( )** | **( )****( )****( )****( )****( )****( )** |

**- Initial Beside All PPE to Be Used -**

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| **Ear Plugs / Muffs** | **Safety Glasses** | **Goggles** | **Face Shield** | **Protective Gloves** |
| **Protective Footwear** | **Hard Hat** | **Protective Apron** | **Protective Sleeves** | **Long-Sleeves & Pants** |
| **Chemical Clothing** | **Respirator** | **Welding Shield** | **List Other:**  |

**- Initial Beside All Other Equipment to Be Used -**

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|  **Lighting / IS Lighting** | **IS Ventilator** | **IS Clothing & Boots** | **Non-Sparking Tools** |
| **Area Barrier** | **Area C.S. Signage** | **Temporary Ladder** | **Double-Insulated Tools** |

**\*\*Record Periodic / Continuous Monitoring Results Every 2 Hours\*\***

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| **Time Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am / pm** |
| **Oxygen %: \_\_\_\_\_\_\_\_\_\_\_\_\_** | **LEL %: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **H2S ppm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **CO ppm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Time Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am / pm** |
| **Oxygen %: \_\_\_\_\_\_\_\_\_\_\_\_\_** | **LEL %: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **H2S ppm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **CO ppm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Time Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am / pm** |
| **Oxygen %: \_\_\_\_\_\_\_\_\_\_\_\_\_** | **LEL %: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **H2S ppm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **CO ppm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Time Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am / pm** |
| **Oxygen %: \_\_\_\_\_\_\_\_\_\_\_\_\_** | **LEL %: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **H2S ppm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **CO ppm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Time Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am / pm** |
| **Oxygen %: \_\_\_\_\_\_\_\_\_\_\_\_\_** | **LEL %: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **H2S ppm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **CO ppm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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|  **- PRCS Team &Training -** | **Yes** | **No** |
| **Have all attendants, entrants and supervisors successfully completed required training?****Is the training current?** | **( )****( )** | **( )****( )** |

**We have reviewed the work authorized by this permit and the information contained herein. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any initials have been placed in the “No” column. This permit is not valid unless all appropriate items are completed.**

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| **Permit Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Permit Approved by (Supervisor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Entrant Name** | **Time In** | **Time Out** | **Time In** | **Time Out** | **Time In** | **Time Out** |
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**This permit is to be kept at the jobsite. Return the jobsite copy to the safety office following completion.**

**Note: This confined space permit has be adapted utilizing sample permits provided by OSHA in Appendix D to 1910.146. It is *NOT INTENDED* to be all-inclusive and must only serve as an *EXAMPLE* of a permit and how one can be set up. Permits must be developed to be specific to the hazards of the site where they will be used, reflecting the hazards and countermeasures that have been selected by a particular company.**