

Confined Space Entry Permit

Confined Space to be Entered:		Dept Applying for permit:	
Employee or Contractor Entry:		Date of Entry:	
Supervisor in Charge:		Supervisor Phone #	
Names of Entrants:		Names of Attendants:	
Description of Work to be Done:		Purpose of Entry:	
Duration of Occupancy:		Communication Method:	

Permit valid for up to 8 hours only. All copies of permit will remain at job site until job is completed

Potential Hazards:	Measures used to isolate the permit confined space:

Requirements Completed:	Completed (yes/no)	Date
- Lock-Out/De-Energize/Tag-Out		
-Line(s) Broken-Capped-Blanked		
-Purge-Flush and Vent		
-Full Body Harness w/ "D" ring		
-Emergency Escape Retrieval Equipment		
-Lifelines		
-Secure Area (Post and Flag)		
-Breathing Apparatus		
-Standby Safety Personnel		
-Fire Extinguishers		
-Lighting (Explosion Proof)		
-Protective Clothing		
-Respirator(s)/ Air Purifying		

(For items that do not apply, enter N/A in the "Completed" column)

Acceptable Entry Conditions:

Item Tested

Result/Level

Date/Initials of Tester