

Confined Space Entry Permit

Date of entry: _____

Start time: _____ AM / PM

Location: _____
*Permit applies to **this location only***

End time: _____ AM / PM

Nature of the work:

Entrant and attendant to be trained in (check all that apply):

	Y	N	N/A		Y	N	N/A
Confined space entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency entry and exit procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rescue procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of appropriate respirators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of air quality monitoring equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of additional PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of other equipment: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazard assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review appropriate MSDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lock out, tag out and try procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs/symptoms of chemical exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Means of communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-routine tasks: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe work practices Standard operating procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal protective equipment (PPE) required:

Entry equipment required (check all that apply):

	Y	N	N/A		Y	N	N/A
Calibrated air quality monitoring equipment (serial # _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency escape equipment (tripod, frame, winch, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forced air ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fall arrest equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explosion proof lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ground fault protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barricade, post and flag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lock out and tag out devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hazard elimination and control measures on the other side of this page

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Hazard elimination and control measures (check all that apply):

	Y	N	N/A		Y	N	N/A
Hazard assessment form completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical sources locked out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving parts locked out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hydraulic equipment locked out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot work permit completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Engulfment hazards eliminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atmosphere purged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Space cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forced air ventilation in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unneeded chemicals removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unneeded equipment removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This permit was prepared by:

Name (please print)	Title	Signature	Date

This permit was approved by:

Name (please print)	Title	Signature	Date

Names of entrants and attendants:

Name (please print)	Entrant / Attendant	Signature	Date