

Company Name:									
Permit Start: Date: Time:			Permit Completion: Date: Time:						
Work Area:									
Specific Equipment To Be Worked On:									
Work Description/Purpose:									
SPECIAL PRECAUTIONS									
1. Pre-job safety meeting (JSA) held with all affected personnel?								[]	
2. Have all personnel involved in the confined space entry process been trained in their duties?								[]	
3. Have all hazardous energy sources been controlled? (i.e. electrical, mechanical, pneumatic, etc.)									
4. Are all lines that enter the space isolated? Disconnected [] Blanked or blind plated [] Double block and bleed []								[]	
5. Does the atmosphere need to be purged or continuously ventilated?								[]	
6. Based on the monitoring results, is the atmosphere acceptable for entry?								[]	
7. Is there a communication procedure? Voice [] Radio [] Other [] (specify):								[]	
8. Have all other serious known and potential hazards been addressed and controlled? (i.e. slippery surfaces, lighting, etc.)								[]	
9. Are emergency rescue services available?								[]	
10. Are response personnel trained and equipped? [] Non-entry rescue apply?									
11. Rescue equipment available for use by trained personnel. [] Tripod, [] Lifeline									
12. Personal Protective Equipment Hardhat [], Safety Glasses [], Face shield [], FRC [] Gloves [], Safety toe footwear [], Chemical Resistant coveralls [], Rubber boots []								[]	
13. If respiratory protection is required, are entrants and rescue medically approved [], Fit tested [], and clean shaven []?								[]	
								[]	
ATMOSPHERIC TESTING									
Instrument:			Serial#:			Calibration Date:			
Authorized Gas Tester:			Frequency: [] Initial [] Continuous [] periodic						
Test	Reading	Time							
O ₂	19.5%- 23.5%								
LEL	Any % over 10%								
H ₂ S	10 PPM								
CO	50 PPM								
Instrument:			Serial#:			Calibration Date:			
Authorized Gas Tester:			Frequency: [] Initial [] Continuous [] periodic						
Test	Reading	Time							
NORM	50microR/hr.								
PERSONAL PROTECTION									
Full Body Harness []		SDS Review []		Respiratory Protection []					
Fire Extinguisher []		Lighting/GFCI []		Fire watch (trained) []					
Lockout/tagout []		Intrinsically Safe Eqpt. []		Rescue Equipment []					
AUTHORIZATION SIGNATURES									
Issuing Representative:					Attendant:				
Requesting Representative:					Cancellation Description:				
Confined Space Entry Supervisor:									
Authorized Company Representative:									

Confined Space Entry Log

[illegible]