



# Confined Space Entry Permit Document

WORK READY ESSENTIALS- Equipping Workers for Success

## CONFINED SPACE ENTRY PERMIT

Protecting Workers in Hazardous Environments

Permit #: \_\_\_\_\_ Valid for One Shift Only - 8 Hours Maximum

Space Location: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Building/Area: \_\_\_\_\_ Time Issued: \_\_\_\_\_

Space Description: \_\_\_\_\_ Expiration: \_\_\_\_\_

Purpose of Entry: \_\_\_\_\_

## PERSONNEL AUTHORIZATION

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

Attendant(s): \_\_\_\_\_

Entrant(s): \_\_\_\_\_

Backup Attendant: \_\_\_\_\_

Rescue Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## ENTRY TIMES

Entrant Name	Entry Time	Exit Time	Initials

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## HAZARD IDENTIFICATION

Check all hazards present or potentially present:

- Atmospheric Hazards
- Oxygen deficiency (below 19.5%)
- Oxygen enrichment (above 23.5%)
- Flammable gases/vapors
- Toxic gases/vapors
- Hydrogen sulfide
- Carbon monoxide
- Methane
- Other: \_\_\_\_\_
- Physical Hazards
- Engulfment
- Entrapment
- Falls
- Mechanical equipment
- Electrical hazards
- Temperature extremes
- Noise exposure
- Other Hazards
- Chemical exposure
- Biological hazards
- Radiation
- Other: \_\_\_\_\_

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## PRE-ENTRY REQUIREMENTS

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All items must be checked YES before entry is permitted:

## Atmospheric Testing (Required for all entries)

Test	Acceptable Range	Time	Reading	Tester Initials
Oxygen	19.5% - 23.5%			
Flammable	<10% LEL			
Carbon Monoxide	<35 ppm			
Hydrogen Sulfide	<10 ppm			
Other:				

Testing Equipment: \_\_\_\_\_ Calibration Date: \_\_\_\_\_

## Isolation and Energy Control

- All energy sources identified and isolated
- Lockout/Tagout procedures completed
- Mechanical equipment shut down and locked out
- Electrical systems de-energized and locked out
- Process lines blanked, blinded, or disconnected

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- Ventilation systems isolated (if required)
- All isolation points verified

## Ventilation

- Natural ventilation adequate
- Mechanical ventilation provided and tested
- Air supply source free of contaminants
- Ventilation will continue during entry
- Forced air ventilation rate: \_\_\_\_\_ CFM

## Communication

- Reliable communication method established
- Communication tested between entrant and attendant
- Method:  Voice  Radio  Signal line  Other: \_\_\_\_\_

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## SAFETY EQUIPMENT REQUIRED

Check all required equipment and verify availability:

## Personal Protective Equipment

- Hard hat with chin strap
- Safety glasses/goggles
- Hearing protection
- Full body harness
- Safety footwear
- Cut-resistant gloves
- Chemical-resistant clothing
- High-visibility clothing

## Respiratory Protection

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- Not Required
- Air-purifying respirator: Type \_\_\_\_\_
- Supplied-air respirator
- Self-contained breathing apparatus (SCBA)
- Emergency escape respirator

## Rescue Equipment

- Tripod and winch system
- Mechanical retrieval system
- Safety lines and harnesses
- Emergency lighting
- First aid kit
- Stretcher/backboard
- Emergency communication device

## Monitoring Equipment

- Continuous atmospheric monitor
- Personal gas detector
- Intrinsically safe flashlight
- Emergency alarm system

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## ENTRY CONDITIONS

All conditions must be met for safe entry:

- Space has been cleaned and purged
- All testing completed with acceptable results
- All energy sources controlled
- Ventilation adequate and functioning
- Required PPE available and inspected
- Rescue procedures reviewed and equipment ready
- Emergency contacts notified

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- Weather conditions acceptable
- All personnel trained and qualified

Special Precautions: \_\_\_\_\_

## CONTINUOUS MONITORING REQUIREMENTS

During entry, monitor atmosphere:

- Continuously with fixed monitors
- Every \_\_\_\_\_ minutes with portable monitors
- When conditions change
- Before each re-entry

Monitoring Schedule:

Time	O <sub>2</sub> %	LEL %	CO ppm	H <sub>2</sub> S ppm	Other	Monitor Initials

## EMERGENCY PROCEDURES

### Emergency Contacts

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911 Emergency: 911

Company Emergency: \_\_\_\_\_

Medical Facility: \_\_\_\_\_

Poison Control: (800) 222-1222

## Rescue Plan

- Non-entry rescue preferred (retrieval system)
- Company rescue team: \_\_\_\_\_
- Local fire department rescue team
- Emergency services: Time notified \_\_\_\_\_

Rescue Equipment Verified:  Yes  No

Rescue Personnel Briefed:  Yes  No

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## HOT WORK AUTHORIZATION

If welding, cutting, or other hot work required:

- Hot Work Permit attached (separate permit required)
- Fire watch assigned
- Fire extinguisher present
- Additional ventilation provided
- Flammable atmosphere re-tested

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## PERMIT AUTHORIZATIONS

### Atmospheric Testing Certification

I certify that atmospheric testing has been completed and conditions are acceptable for entry.

Tester: \_\_\_\_\_ Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_



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## Entry Supervisor Authorization

I certify that all precautions have been taken and conditions are safe for entry.  
This permit is valid only for the date, time, and personnel specified above.  
Entry Supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

## Entrant Acknowledgment

I have reviewed this permit, understand the hazards and safety requirements, and agree to follow all safety procedures.

Entrant 1: \_\_\_\_\_ Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Entrant 2: \_\_\_\_\_ Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Entrant 3: \_\_\_\_\_ Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

## Attendant Acknowledgment

I understand my duties as attendant and will maintain continuous monitoring of entrants.

Attendant: \_\_\_\_\_ Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

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## PERMIT CANCELLATION

Permit must be cancelled if:

- Any safety requirement is not met
- Atmospheric conditions change
- Equipment malfunction occurs
- Weather conditions deteriorate
- Emergency situation develops

Cancelled by: \_\_\_\_\_ Time: \_\_\_\_\_ Reason: \_\_\_\_\_

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## POST-ENTRY DEBRIEF

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Work Completed:  Yes  No

Incidents/Near Misses:  None  Report Filed

Equipment Issues:  None  Report Filed

Lessons Learned: \_\_\_\_\_

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## IMPORTANT REMINDERS:

- Post this permit at the entry point
- Keep permit on file for one year
- Attendant must maintain continuous communication with entrants
- Stop work immediately if conditions change
- Never enter a confined space to rescue someone without proper equipment and training

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*This permit complies with OSHA 29 CFR 1910.146 requirements. For additional safety resources and training materials, contact Work Ready Essentials.*