

ENTRY PERMIT

IN THE EVENT OF ANY EMERGENCY, CONTACT PUBLIC SAFETY AT 911 OR BY RADIO ON THE PSSAFE CHANNEL IF NO PHONE IS NEARBY. NEVER ATTEMPT A CONFINED SPACE RESCUE ALONE.

SECTION 1: PRE-ENTRY INFORMATION

Date: _____

Confined Space Attendant: _____

Duration of Permit: _____

Space to be Entered: _____

Work to be Done: _____

Hazards of the Space to be Entered:

Atmospheric: _____

Configuration: _____

Engulfment: _____

Electrical: _____

Other: _____

Acceptable Entry Conditions: (Describe the conditions that must be present before entry is allowed)

Oxygen Content: Between 19.5% and 23.5%

Flammable Gases and Vapors: Less than 10% of LEL

Toxic Air Contaminants: Not present or less than acceptable exposure limits

Electrical System Lockouts: _____

Mechanical System Lockouts: _____

Barriers Constructed: _____

Lighting: _____

Communication Procedures: (The following procedures are to be used by entrants and attendants during entry)

Voice Radio

SECTION 2: ATMOSPHERIC TESTING AND MONITORING

Test first for oxygen, then for combustible gases and vapors, and then for toxic gases and vapors)

Test Results	Completed By
<input type="checkbox"/> Oxygen	
<input type="checkbox"/> Combustible Gas	
<input type="checkbox"/> Toxic Gas	

Is additional monitoring necessary? Yes No
 If Yes: Continuous Periodic How Often? _____

RECORD PERIODIC TESTING RESULTS BELOW

Date	Time	Oxygen	Combustible Gas	Toxic Gas	Completed By

Continue on a separate sheet, if necessary

SECTION 3: ENTRY CHECKLIST

Item	Required	Completed/Obtained By
Atmospheric Testing		
Atmospheric Monitoring		
Isolation/Lockout/Tagout		
Purging/Inerting		
Ventilation		
Head Protection		
Hearing Protection		
Hand Protection		
Eye/Face Protection		
Foot Protection		
Respiratory Protection		
Body Harness/Lifeline		
Rescue/Emergency Equipment		
Hot Work Permit		
Communications Equipment		
Low Voltage Equipment		
Lighting Equipment		
Barriers/Shields		
Ladders		
Other Special Equipment		

SECTION 4: SIGN-IN

All authorized entrants and attendants must appear by name

<u>NAME</u>	<u>ASSIGNMENT</u>	<u>TIME-IN</u>	<u>TIME-OUT</u>
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Use separate sheet, if necessary

SECTION 5: ENTRY SUPERVISOR

I understand that it is my responsibility to implement the requirements listed in this permit prior to entry and that this permit is valid only so long as the requirements are met. Should the location or circumstance(s) of the operation listed on the permit change, I understand that it is my responsibility to terminate the permit space entry and have the entry supervisor CANCEL this permit. I can be relieved of this responsibility only by another equally trained individual, and only then when all pre-entry conditions have been re-verified.

<u>NAME</u>	<u>SIGNATURE OR INITIALS</u>	<u>DATE</u>
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SECTION 6: CONFINED SPACE ENTRY TERMINATION

Date: _____ Time: _____

Entry Supervisor Signature

Work Completed: Yes No

If not completed, attach a detailed explanation of the reason citing problems encountered and/or emergency actions taken:
