

APPENDIX A - SAMPLE CONFINED SPACE ENTRY PERMITS

The following sample fill-in-the-blank confined space entry permits can be modified to fit your particular entry. Make sure you use only the appropriate portions of the forms to create your own entry permit. You can also design your own entry permit.

CONFINED SPACE ENTRY PERMIT

Sample 1

Date:					
Site location or description:					
Purpose of entry: _____					
Supervisor(s) in charge of crews:		Type of crew (welding, plumbing, etc)		Phone #:	
Permit duration:					
Communication procedures (including equipment): _____					
Rescue procedures (also see emergency contact phone numbers at end of form): _____					
REQUIREMENTS COMPLETED (Put N/A if item doesn't apply)	DATE	TIME	REQUIREMENTS COMPLETED (Put N/A if item doesn't apply)	DATE	TIME
Lockout/De-energize/Verify			Supplied Air Respirator (N/A if alternate entry)		
Line(s) Broken-Capped-Blank			Respirator(s) (Air Purifying)		
Purge-Flush and Vent			Protective Clothing		
Ventilation			Full Body Harness w/ "D" ring		
Secure Area (Post and Flag)			Emergency Escape Retrieval Equip		
Lighting (Explosive Proof)			Lifelines		
Hot work Permit			Standby safety personnel (N/A if alternate entry)		
Fire Extinguishers			Resuscitator—Inhalator (N/A if alternate entry)		
Add other specific information, if needed, or attach additional instructions or requirements. See the following examples in bold print.					
Line(s) to be bled/blanked:					
Ventilation equipment:					
PPE clothing:					
Respirator(s):					
Fire extinguisher(s):					
Emergency retrieval equipment:					

CONFINED SPACE ENTRY PERMIT

Sample 1 (continued)

AIR MONITORING									
Substance Monitored		Permissible Levels		Monitoring Results					
Time monitored (put time) Percent Oxygen		Record the time 19.5% to 23.5%							
LEL/LFL		Under 10%							
Toxic 1: CO2		____ PEL	____ STEL						
Toxic 2: CO		____ PEL	____ STEL						
Toxic 3: H2S		____ PEL	____ STEL						
Toxic 4:		____ PEL	____ STEL						
REMARKS: _____ ----- ----									
Air Tester Name	ID#	Instrument(s) Used <small>(For example: oxygen meter, combustible gas indicator, etc.)</small>		Model # or Type	Serial# or Unit				
ATTENDANTS AND ENTRANTS									
Attendant(s) <small>(Required for all confined space work except alternate entry)</small>		ID#	Confined Space Entrant(s)			ID#			
REMARKS: _____ _____									
SUPERVISOR AUTHORIZATION - ALL CONDITIONS SATISFIED Department or phone number: _____									
EMERGENCY CONTACT PHONE NUMBERS: AMBULANCE: FIRE: SAFETY: RESCUE TEAM: OTHER: _____ _____ _____ _____ _____									

CONFINED SPACE ENTRY PERMIT
Sample 2

Date and time issued:			
Job site/ space I.D.:			
Equipment to be worked on:			
Standby personnel:			
Date and time expires:			
Job supervisor:			
Work to be performed:			
1. Atmospheric Checks:		Time: _____	
Oxygen	_____ %		
Explosives	_____ %L.F.M.		
Toxic	_____ PPM		
2. Tester's signature: _____			
3. Source isolation (No Entry):		N/A	Yes
Pumps or lines blinded, disconnected, or blocked:		<input type="checkbox"/>	<input type="checkbox"/>
4. Ventilation modification:		N/A	Yes
Mechanical:		<input type="checkbox"/>	<input type="checkbox"/>
Natural Ventilation only:		<input type="checkbox"/>	<input type="checkbox"/>
5. Atmospheric check after isolation and ventilation:			
Oxygen:	_____ %	>19.5%	
Explosive:	_____ % L.F.M.	<10%	
Toxic:	_____ PPM	<10PPM H ₂ S	
CO ₂ :	_____ PPM		
Time:	_____		
Tester's signature:	_____		
6. Communication procedures:			

CONFINED SPACE ENTRY PERMIT Sample 2 (continued)

7. Rescue procedures:				

8. Entry standby and backup persons successfully completed required training?			Yes ()	No ()
Is it current?			()	()
9. Equipment:		N/A	Yes	No
Direct reading gas monitor-tested:		()	()	()
Safety harnesses and lifelines for entry and standby persons:		()	()	()
Hoisting equipment:		()	()	()
Powered communications:		()	()	()
SCBA's for entry and standby persons:		()	()	()
Protective clothing:		()	()	()
All electric equipment listed: Class I, Division I, Group D and non-sparking tools		()	()	()
10. Periodic atmospheric tests:				
Oxygen	_____ %	Time _____	Oxygen	_____ % Time _____
Oxygen	_____ %	Time _____	Oxygen	_____ % Time _____
Explosive	_____ %	Time _____	Explosive	_____ % Time _____
Explosive	_____ %	Time _____	Explosive	_____ % Time _____
Toxic	_____ %	Time _____	Toxic	_____ % Time _____
Toxic	_____ %	Time _____	Toxic	_____ % Time _____
We have review the work authorized by this permit and the information contained here. Written instruction and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked in the "No" column. This permit not valid unless all appropriate items are completed.				
Permit prepared by: _____ Entry Supervisor				
Approved by: _____ Unit Supervisor				
Review by: _____ Operations Manager				
This permit is to be kept at the job site. Return this job site copy to the unit supervisor following job completion.				
Entrants Name	Sign in	Sign out	Sign in	Sign out

CONFINED SPACE ENTRY PERMIT

Sample 3

PERMIT VALID FOR 8 HOURS ONLY. ALL PERMIT COPIES MUST REMAIN AT THE SITE UNTIL JOB IS COMPLETED.

Date:	Site location /description:
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Purpose of entry:

Supervisor (s) in charge of crews	Type of Crew	Telephone #
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Communication procedures:

Rescue procedures (telephone number at bottom):

BOLD INDICATES MINIMUM REQUIREMENTS TO COMPLETE AND REVIEW PRIOR TO ENTRY

Note: For Items that do not apply, enter N/A in the blank.

REQUIREMENTS COMPLETED	DATE	TIME	REQUIREMENTS COMPLETED	DATE	TIME
Lockout/De-energize/Tagout			Full Body Harness w/"D" Ring		
Line(s) Broken-Capped-Blank			Emergency Escape Retrieval Equipment		
Purge-Flush and Vent			Lifelines		
Ventilation			Fire Extinguishers		
Secure Area (Post and Flag)			Lighting (Explosive proof)		
Breathing Apparatus			Protective Clothing		
Resuscitator - Inhalator			Respirator(s) (Air Purifying)		
Standby Safety Personnel			Burning and Welding Permit		

Continuous Monitoring: Yes No
Periodic Monitoring Frequency: _____

Test(s)	Permissible entry level
Percent of oxygen	19.5% TO 23.5%
Lower flammable limit	Under 10%
Carbon monoxide	Not detectable
CO2	Not detectable
Hydrogen Sulfide	Not detectable
Ammonia	Not detectable

REMARKS: _____

CONFINED SPACE ENTRY PERMIT

Sample 3 (continued)

GAS TESTER NAME & CHECK #: _____

INSTRUCTIONS USED: _____

MODEL &/OR TYPE: _____

SERIAL &/OR UNIT #: _____

SAFETY STANDBY IS REQUIRED FOR ALL CONFINED SPACE WORK

SAFETY STANDBY PERSON(S)

CHECK#

CONFINED SPACE ENTRANT(S)

CHECK #

SUPERVISOR AUTHORIZATION - ALL CONDITIONS SATISFIED:

Department or phone number: _____

EMERGENCY CONTACT PHONE NUMBERS:

Ambulance: _____

Fire: _____

Safety: _____

Gas coordinator: _____