**This permit establishes that all hazards have been identified and controlled and lists authorized entrants, attendant, and entry supervisor.** This permit **(or equivalent subcontractor’s permit)** must be completed and signed by the confined space entry supervisor before work begins, remain in use at the job site until work is complete, and sent to the confined space program manager once work is complete.

**Permit Conditions**

|  |  |  |  |
| --- | --- | --- | --- |
| Reason for entry: | | | Entry date:  Permit expiration *(date and time)*: |
| Confined space entry supervisor: | | | Acceptable entry conditions: |
| Attendant: | | |  |
| Attendant: | | |  |
| Entrant: | | |  |
| Entrant: | | |  |
| See the confined space register for the following information | | | |
| Tracking number: |  | | |
| Description: | Location: | | |
| Known and potential hazards: | | | |
| Additional required permits *(for example hot work, radiological work permit, penetration permit)*: | | | |
| Required for this entry ***(check all that apply)***  Equipment | | Personal protective equipment and personal monitors | |
| Non-entry rescue equipment  Full body harness  Tripod / hoist  Lifeline | | Gloves:  Leather  Impervious  Chemical resistant  Other: | |
| Area security:  Warning signs  Barricades | | Face / eye protection:  Face shield  Goggles  Other: | |
| Ladder | | Footwear | |
| Fall protection equipment | | Coveralls | |
| Ventilation fan or blower | | Head protection | |
| Fire extinguisher | | Radiation dosimeter(s) | |
| Self-contained breathing apparatus (SCBA) | | Pocket ion chamber (PIC) | |
| Air purifying respirator: specify cartridge type: | | Other: | |
| Other: | | Other: | |
| Other: | | Other: | |

**Pre-entry Checklist**

|  |  |
| --- | --- |
| Verify adequate confined space training  Pre-entry briefing on specific hazards and control methods  Notify subcontractors of permit and hazard conditions  Non-entry rescue and procedure in place  Notify affected departments and persons of service interruption  Lines blocked or broken  Drain space | Control of hazardous energy:  Lockout / tagout (LOTO)   Zero-voltage verification (ZVV)  Other:  Communication:  Radio  Rope signals  Hand signals  Verbal  Lighting:  Hazardous location rated  Standard  Air flush:  Preliminary  Continuous |

**Personnel Entry and Exit Record**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Time in | Time out | Time in | Time out |
| Entrant: |  |  |  |  |
| Entrant: |  |  |  |  |
| Entrant: |  |  |  |  |
| Attendant: |  |  |  |  |
| Attendant: |  |  |  |  |

**Air Monitoring**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Attendant will sample air  Continuously  Every \_\_\_\_ minutes  No sampling required because: | | | | | | | | | | | |
| Device: | | | | Sequence or  serial number | | Calibration due date | | Pre-use check performed by | | Notes | |
|  | | | |  | |  | |  | |  | |
|  | | | |  | |  | |  | |  | |
| Monitoring results | | | | | | | | | | | |
| Time | Sampled by | O2  (19.5–23.5%) | (LEL/LFL <10%) | | CO  (<25 ppm) | | H2S  (<10 ppm) | | Stratification | | Other: |
|  |  |  |  | |  | |  | |  | |  |
|  |  |  |  | |  | |  | |  | |  |
|  |  |  |  | |  | |  | |  | |  |
|  |  |  |  | |  | |  | |  | |  |
|  |  |  |  | |  | |  | |  | |  |
|  |  |  |  | |  | |  | |  | |  |

**Pre-entry Certification** *(must be signed by the confined space entry supervisor before work begins)*

|  |  |
| --- | --- |
| I herby certify that all required hazard controls are in place, that air monitoring is being conducted as required and results show that the atmosphere is acceptable for entry, and that all required information is documented on this permit. | |
| Signature: | Date: |

**Permit Closure** *(must be signed by the confined space entry supervisor after work is completed)*

|  |  |
| --- | --- |
| The work was done in accordance with this permit. A copy of this permit will be forwarded to the confined space program manager (Mailstop 84). | |
| Signature: | Date: |