

**CONFINED SPACE ENTRY PERMIT**

Date of Issue: \_\_\_\_\_ Time Issued: \_\_\_\_\_ Location #: \_\_\_\_\_  
 Department: \_\_\_\_\_ Confined Space Identifier: \_\_\_\_\_  
 Description of Work: \_\_\_\_\_

**PRE-ENTRY PREPARATION**

	Yes	No		Yes	No		Yes	No
Contents removed/purged	<input type="checkbox"/>	<input type="checkbox"/>	Vessel depressurized	<input type="checkbox"/>	<input type="checkbox"/>	Ventilation Required	<input type="checkbox"/>	<input type="checkbox"/>
Electrical lockout complete	<input type="checkbox"/>	<input type="checkbox"/>	Warning signs needed	<input type="checkbox"/>	<input type="checkbox"/>	Type: _____		
Mechanical lockout complete	<input type="checkbox"/>	<input type="checkbox"/>	Sloping/shoring needed	<input type="checkbox"/>	<input type="checkbox"/>			
Blinding/blanking complete	<input type="checkbox"/>	<input type="checkbox"/>	Other area affected by work	<input type="checkbox"/>	<input type="checkbox"/>	Rescue plan in Place	Yes	
No								
Equipment blocked/drained	<input type="checkbox"/>	<input type="checkbox"/>	Area roped off	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____		

**ADDITIONAL PERSONAL PROTECTIVE EQUIPMENT**

	Yes	N/A		Yes	N/A		Yes	N/A
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	Fire-resistant clothes	<input type="checkbox"/>	<input type="checkbox"/>	Rubber gloves	<input type="checkbox"/>	<input type="checkbox"/>
Monogoggles	<input type="checkbox"/>	<input type="checkbox"/>	Rubber suit	<input type="checkbox"/>	<input type="checkbox"/>	Safety harness & lifeline	<input type="checkbox"/>	<input type="checkbox"/>
Face shield	<input type="checkbox"/>	<input type="checkbox"/>	Rubber boots	<input type="checkbox"/>	<input type="checkbox"/>	Other _____		

Air purifying respirator ☐ ☐ Type: \_\_\_\_\_  
 Atmosphere supply respirator ☐ ☐ SCBA ☐ Worn ☐ Standby ☐

**HOT WORK**

Nature of Hot Work: \_\_\_\_\_  
 Type of Fire Protection: \_\_\_\_\_  
 Special Precautions: \_\_\_\_\_

	Yes	N/A		Yes	N/A	
Fire watch required	<input type="checkbox"/>	<input type="checkbox"/>	Monitor for ½ hour after work is complete	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____
Combustibles removed	<input type="checkbox"/>	<input type="checkbox"/>	All wall, floor & sewer opening covered	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers & hoses in good working order	<input type="checkbox"/>	<input type="checkbox"/>				

**LEL MUST REMAIN BELOW 10% FOR HOT WORK TO CONTINUE.**

**GAS TESTING REQUIREMENTS**

Continuous ☐ Intermittent ☐ Interval: \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

**SAFETY WATCH** I have been informed of and trained in my duties and understand my responsibilities.

Name of Safety Watch \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**AGREEMENT**

I understand the nature and extent of the work and will comply with all conditions & precautions to be followed in completing the work.

Employee Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

The area is safe for entry and work as outlined above and I authorize this work.

Entry Supervisor \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_