|  |
| --- |
| CONFINED SPACE PERMIT |
| Job Name:Job Number:Job Location: |



|  |  |  |
| --- | --- | --- |
|  | Entry Supervisor:  | Attendant: |
| Task to Be Performed: |
| Reason it is Permit Required: |
| Confined Space Location | Permit Start Date/Time | Permit Expiration Date/Time: |
|  |
|

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Entrants  | time - in | time-out | time - in | time-out | time - in | time-out | time - in | time-out |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |

 |
| No confined space entry can be performed without notifying first responder of exact location and the type of the confined space and providing them a copy of this Permit  |
| First Responder Location:  | First Responder Phone Number: | Nearest Medical Treatment Center: |

|  |
| --- |
| Precautionary Measures |
|   | Y  | N | N/A | Y  | N | N/A |
| Energized Electrical Lines, circuits, components present |  |  |  |
| Lockout/de-energized/tagout completed |  |  |  |
| Ventilation (Mechanical/Natural ventilation) |  |  |  |
| Hazardous materials  |  |  |  |
| Lifelines (e.g. hoist, lifelines,) |  |  |  |
| Standby CPR trained |  |  |  |
| Air monitoring-continuous- Recorded @ 30 min |  |  |  |
| Secure area (signs & barricades) |  |  |  |
|  |  |  |  |
| Training |
|   | Y  | N | N/A |
| 1. Entrants, Attendants, and Rescue Personnel received training
 |  |  |  |
|  |  |  |  |
| Additional Information |
|   |   |   |   |
|   |  |  |  |
|  |  |  |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Fire Extinguisher |  |  |  |
| Biological hazards |  |  |  |
| Protective clothing |  |  |  |
| Standby in visual/radio contact |  |  |  |
| Special communications required |  |  |  |
| Respiratory protection |  |  |  |
| Confined Space Training  |  |  |  |
| Adequate lighting (explosion proof) |  |  |  |

|  |
| --- |
| Atmospheric Testing Results |
| GASSES | Acceptable Levels | Time | Time | Time | Time | Time | Time | Time | Time | Time |
| O2 | 19.5-23.5% |  |  |  |  |  |  |  |  |  |
| H2S | Under 10 PPM |  |  |  |  |  |  |  |  |  |
| CO | Under 35 PPM |  |  |  |  |  |  |  |  |  |
| Flameables | Under 10% LFL |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| Equipment |
|   | Y  | N | N/A |
| 1. Atmospheric sampling device, calibrated, tested
 |  |  |  |
| 1. PFAS -harness, lanyard, inspected and in good working condition
 |  |  |  |
| 1. Mechanical retrieval /hoisting equipment operable
 |  |  |  |
| 1. Communication equipment operable
 |  |  |  |
| 1. PPE and clothing inspected and in good order
 |  |  |  |
| 1. Electrical Equipment/Lighting/Non-sparking Tools
 |  |  |  |
| 1. Traffic barriers/entrance covers/confined space warning signs
 |  |  |  |
| 1. Blowers tested prior to entrants descent
 |  |  |  |

**I have reviewed the work authorized by this permit and information pertaining to each item, along with the JHA.**

**Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Permit Canceled by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**