|  |
| --- |
| 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 | | | | | | | |
|  | | | | |  |  |  |
|  | | | | |  |  |  |
|  | | | | |  |  |  |
|  | | | | | | | |

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| --- | --- | --- | --- |
| 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 |  |  |  |  |  |  |  |  |  |
| Flame  ables | 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**