

**CONFINED SPACE ENTRY PERMIT**

**A.** Confined Space Location \_\_\_\_\_ Purpose of Entry \_\_\_\_\_

Dept. Entering \_\_\_\_\_ Date \_\_\_\_\_ Time: Entry \_\_\_\_\_

Building & Description of Space \_\_\_\_\_ Exit \_\_\_\_\_

**B. Potential Hazards** \_\_\_\_\_

CONFINED SPACE ENTRY PERMIT AND CHECKLIST

Pre-Entry Checklist

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location and Description of Confined Space: \_\_\_\_\_

Purpose of Entry: \_\_\_\_\_

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ISOLATION CHECKLIST	Yes	No	N/A
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**PERMIT REQUIRED CONFINED SPACE ENTRY PERMIT AND CHECKLIST**

**Entry Checklist**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location and Description of Confined Space: \_\_\_\_\_

Purpose of Entry: \_\_\_\_\_

Entrant(s): \_\_\_\_\_

\_\_\_\_\_

Attendant(s): \_\_\_\_\_

\_\_\_\_\_

Action	Check	Initial
Notify Environmental Health and Safety Office 3 days in advance of project		
Are all employees involved properly trained?		
Has area been ventilated for at least 10 minutes prior to entry		
Assign one person to carry monitoring device for oxygen, LEL an carbon monoxide		

Warning: There can be no hazardous atmospheres within the confined space whenever a employee is inside. If a hazardous atmosphere is detected while in the workspace, each employee must leave the confined space immediately.

Authorizing Supervisor Signature: \_\_\_\_\_

Completion of Project                      Date: \_\_\_\_\_ Time: \_\_\_\_\_

Supervisor Signature of Permit Cancellation: \_\_\_\_\_

**PERMIT REQUIRED CONFINED SPACE ENTRY PERMIT AND CHECKLIST**

**Attendant Checklist**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location and Description of Confined Space: \_\_\_\_\_

ENTRANT(S)	Time		Initials
	In	Out	

ATTENDANT AIR MONITORING	Oxygen	Flammable Gases (LEL)	Carbon Monoxide	Initials
Time:				
Time:				
Time:				
Time:				
Time:				
Time:				
Time:				
Time:				

Warning: There can be no hazardous atmospheres within the confined space whenever an employee is inside. If a hazardous atmosphere is detected while in the workspace, each employee must leave the confined space immediately.

Attendant(s) Signature: \_\_\_\_\_