

In the event of an emergency, call 911

Training is required for all employees assigned to work in a confined space.
 At least two people are required for any permit-required confined space entry.

Date: _____ Permit Expiration Time (permits are valid for a maximum of one work shift): _____

Site Location: _____

Purpose of Entry: _____

*Table I: Supervisor Information (Indicate Entry Supervisor with *)*

Supervisor(s) in charge:	Type of work (welding, plumbing, etc.)	Phone number

Communication procedures:
 (include equipment)

Rescue Procedures:

Table II: Entry Requirement Checklist

Requirement Completed (Put N/A if item doesn't apply)	Time	Initials	Requirement Completed (Put N/A if item doesn't apply)	Time	Initials
Lockout/De-energize/Try-out			Fire Extinguisher		
Line(s) Broken-Capped-Blank			Protective Clothing		
Purge-Flush-Vent			Respirator (Air Purifying)		
Ventilation Set-up			Respirator (Supplied Air)		
Area Secured			Non-Entry Retrieval Equipment		
Hot Work Permit			Lifelines		
Lighting (Explosion Proof)			Full Body Harness w/ D ring		

Required information:

Line(s) to be bled/blanked: _____

Ventilation Equipment: _____

PPE: _____

Respirator(s): _____

Non-Entry Retrieval Equipment: _____

Other Instructions
 or Requirements:

Pre-Entry Air Monitoring

Name: _____ Time Completed: _____ Instrument(s) Used: _____

Oxygen %: _____ LEL/LFL: _____ Hydrogen Sulfide: _____ Carbon Monoxide: _____
 (19.5% to 23.5%) (Under 10% of LEL) (TWA₈=10ppm; STEL=15ppm) (TWA₈=35ppm; STEL=200ppm 5 min)

Other Toxic(s) Measured (include PEL/STEL): _____

Continuous Air Monitoring

Testers Name: _____ ID#: _____ Instrument(s) Used: _____

Table III: Air monitoring results, include result and time measured (Example for oxygen: 20.8% 10:05am)

Percent Oxygen	LEL/LFL	Hydrogen Sulfide	Carbon Monoxide	Other Toxic:	Other Toxic:

Remarks:

*Table IV: Attendant and Entrants Names and ID Numbers (Indicate attendant with * - ATTENDANT NEVER ENTERS SPACE)*

Name	ID#	Name	ID#

I certify that I have reviewed the procedures and briefed the crew on proper practices and hazards associated with working in a confined space. Pre-entry air monitoring has been completed by a qualified individual and all necessary steps have been performed to ensure the space is safe for entry.

Name: _____ Job Title: _____ Dept./Shop: _____

Signature: _____ Date & Time: _____

Notes on this confined space procedure (include any issues experienced and suggested remedies):