

# Confined Space

Sample confined space entry permit

Employer name: \_\_\_\_\_ Project name: \_\_\_\_\_

Date: \_\_\_\_\_ Permit end time: \_\_\_\_\_

Assessment performed by: \_\_\_\_\_ Permit start time: \_\_\_\_\_

Location of confined space (or spaces if they are similar)
Description of confined space (or spaces if they are similar)
Description of work to be performed

Monitoring equipment

Air Testing Equipment	Serial #	Last Calibrated

Air quality results

	Location:			Location:			Location:		
	Test#			Test#			Test#		
	1	2	3	1	2	3	1	2	3
Time of Test									
Oxygen %									
Combustibles %									
Atmospheric Hazards									
Atmospheric Hazards									
Atmospheric Hazards									
Other									

Tester's Name: \_\_\_\_\_ Signature: \_\_\_\_\_



**Onsite rescue**

Adequate number of trained persons are available to implement rescue procedures	<input type="checkbox"/>		
Appropriate rescue equipment is readily available to be used for a rescue	<input type="checkbox"/>	Appropriate rescue equipment has been inspected and is in good working order:	<input type="checkbox"/>
List of equipment required for entry		<input type="checkbox"/> Respirator	<input type="checkbox"/> Coveralls
Tripod <input type="checkbox"/> Harness <input type="checkbox"/> Winch/cable <input type="checkbox"/> Other: _____			

**Rescue Plan**

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**Training**

Names of workers approved for entry	Has confined space training	Trained in the entry plan	Time of entry	Time of exit

**Hot work (complete if hot work will be conducted)**

Will space be rendered inert by adding inert gas? Yes  No

If "yes," ensure the following.

- Space is monitored continuously to ensure it remains inert
- Worker(s) entering use adequate respiratory equipment. List equipment: \_\_\_\_\_
- There is adequate equipment to allow persons outside to locate and rescue worker. List equipment: \_\_\_\_\_
- There is other equipment necessary to ensure safety of worker. List equipment: \_\_\_\_\_

If "no," ensure the following.

Flammable gas is maintained below 5% of its LEL by purging and continuous ventilation.	O <sub>2</sub> content is maintained below 23%.	Atmosphere will be monitored continuously.	Alarm and exit procedures are in place should the LEL exceed 5% or the O <sub>2</sub> exceed 23%.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor's name \_\_\_\_\_ Signature \_\_\_\_\_