

CONFINED SPACE ENTRY PERMIT

Confined Space Number	Location Description	Date of Entry
Purpose of Entry		Time of Entry
Location	Supervisor	Permit Duration

Person Entering Confined Space

Last name	First Name	Time/In	Time/Out	Time/In	Time/Out	Time/In	Time/Out

Supervisor (Pre-Entry) Checklist

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Lockout / Tagout / De-Energized <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Line(s) Broken – Capped – Blanked <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Ventilation Established <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Area Secured (Post, Cone and Barricade) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Appropriate Protective Clothing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Emergency Procedures Established <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Passive Air Monitor Available and Worn	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Standby Personnel Available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Full Body Harness with D-Ring <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Emergency Rescue Equipment (A-Frame) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Air Testing Conducted and Recorded <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Protective Clothing from Chemicals Usage <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Re-test Atmosphere every 2 hours <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Other Hazards _____
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Communication Procedures
(e.g. Radio, Speaking Normal)

Atmospheric Testing Records

Testing Criteria	Permissible Entry Level	Time	Time	Time	Time	Time	Time
Percent of Oxygen	19.5% to 23.5%						
Lower Explosive Limit	< 10%						
Carbon Monoxide	< 25 ppm						
Carbon Dioxide	<1500 ppm						
Other							

Atmospheric Tester(s) Name	Signature	Instrument Model / Type	Calibration Date	Serial Number

Authorized Attendant Name	Signature	Authorized Attendant Name	Signature

Supervisor(s) Name (Print)	Signature	Date	Time

Emergencies and Rescue: 911 Fullerton Fire Department: 714-738-6122	EHS: 7233 Service Center: 3494
--------------------------------------------------------------------------------------	-------------------------------------------------

This Permit Must Be Posted at the Job Site.
Return one copy to EHS at T-1475 and keep one copy at department