



CONFINED SPACE PERMIT



Date: _____ Project Name: _____

Job #: _____ Project Foreman: _____

Equipment to be worked on: _____

Work to be performed: _____

Pre-Entry (See Safety Procedure)

1. Atmospheric Checks:

Time	_____ A.M./P.M.	Oxygen	_____ %
Flammability	_____ % L.F.L.	Hydrogen Sulfide	_____ PPM
Carbon Monoxide	_____ PPM	Other	_____

2. Source isolation (NO Entry):

Pumps or lines blanked, disconnected, or locked out?	N/A	Yes	No
	()	()	()

3. Ventilation Modification:

Mechanical	()	()	()
Natural Ventilation Only	()	()	()

4. Atmospheric check after isolation and ventilation:

Oxygen	_____ % greater than 19.5% but less than 23.5%
Explosive	_____ % L.F.L. less than 10%
Toxic	_____ PPM less than 10 PPM H ₂ S
Carbon Monoxide	_____ PPM less than 50 PPM

Entry (See Safety Procedures)

1.	Has safety meeting been held with all entry and monitoring personnel?		Yes	No
			()	()
2.	Equipment?	N/A	Yes	No
	Direct reading gas monitor tester	()	()	()
	Safety harness and lifelines for entry	()	()	()
	Hoisting equipment	()	()	()
	Communication equipment	()	()	()
	Personal protective equipment	()	()	()
	Protective clothing	()	()	()
	Lighting	()	()	()

If conditions are in compliance with the above requirements and there is no reason to believe conditions may change adversely, then proceed with work. If conditions are not in compliance with the above requirements or there is reason to believe that conditions may change adversely, do not authorize entry and contact the Safety Director for further instructions. I have reviewed the work authorized by this checklist and the information contained herein. Written instructions and safety procedures have been reviewed and are understood.

Check List Prepared by: _____ Approved by (Supervisor): _____