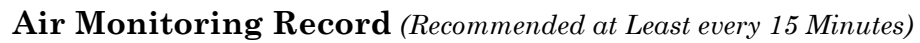


## Confined Space Permit

Date of Entry		Building and Room:	
Confined Space Location:		Area:	
Location Description:			
Purpose of Entry			
Hot Work Permit: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(All tasks that produce heat, smoke or odor require a supervisor to be notified)</i>			
<b>I. Personnel</b>			
Initial Entry Supervisor:		Signature:	
<i>Authorized Entrants (E) and Attendants (A)</i>			
Name:	Type E and A:	Trade:	
	A		
	E		
Communications Procedures: <input type="checkbox"/> Verbal <input type="checkbox"/> Radio <input type="checkbox"/> Visual <input type="checkbox"/> Other			
Notify Supervisor for Pre - Entry / Rescue Review		Initials	
<i>(Standby for Supervisor to Determine Permit Requirements)</i>			
<b>II. Space Evaluation Air Sample Readings</b>			
Acceptable Condition	Oxygen (19.5% - 23.5%)	Flammability < 10% LEL	Carbon Dioxide < 25 ppm
			Hydrogen Sulfide < 10 ppm
Time			Other (Specify)
Supervisor:		Date Evaluated:	
<p>Verify JHA / PTP is current and present</p> <p>Review for Hazards</p> <p>Review Pre - Entry Evaluation and Rescue Plan for Accuracy</p> <p>Has the space changed since the pre - entry evaluation? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>			
If yes, please document changes below:			
Does the space meet permit requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>(If Yes, instruct the Entry Supervisor to complete the remainder of the permit)</i>			
<b>* Criteria for a permit required confined space:</b>			
1	Must be large enough to bodily enter, not designated for continuous occupancy, AND have limited means of entry / exit AND ALSO INCLUDE ONE OR MORE OF THE FOLLOWING		
2	<u>Contains or has the potential to contain a hazardous atmosphere</u>		
3	<u>Contains a material that has the potential to engulf an entrant</u>		
4	<u>Has an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or floor, which sloped downward and tapers to a small cross section; or</u>		
5	<u>Contains any other recognized serious safety or health hazard.</u>		



Air Unit Type		Unit Number	
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Acceptable Conditions	Oxygen (19.5% - 23.5%)	Flammability < 10% LEL	Carbon Dioxide < 25 ppm	Hydrogen Sulfide < 10 ppm	Other (Specify)
Pre - Entry Time:					
Time:					
Time:					
Time:					
Time:					
Time:					
Time:					
Time:					
Time:					
Time:					
Time:					
Time:					
Time:					
Time:					
Time:					
Time:					
Closing Readings					
Time:					

Closing Entry Supervisor:	Name:	Signature:	Date and Time:
Notify Supervisor at Time of Closing:		Initial:	

*Upon Closure of the Confined Space Entry, attach Pre - Entry Evaluation and Rescue Plan to the Permit and Return the completed forms to your supervisor so that it can be sent into the shop for record keeping.*