

This is an example of a CONFINED SPACE ENTRY PERMIT. The actual entry permit you will use depends on the atmospheric and physical hazards of that particular confined space. All regulations for that permit are addressed in 29 CFR Part 1910.146 Permit-Required Confined Spaces for General Industry and 1926.1206 Confined Spaces in Construction.

CONFINED SPACE ENTRY PERMIT

1. Permit Space to be Entered	
2. Purpose of Entry	
3. Date of Entry	Authorized Duration of Entry Permit
4. Authorized Entrants	

5. Attendants(s) _____

6. Name of Current Entry Supervisor(s) 1. _____ Time _____

2. _____ Time _____

Entry Supervisor who Originally Authorized Entry _____

Signature or Initials

7. Record hazards of the permit space to be entered.				8. Check or list the measures used to isolate the permit space and to eliminate or control permit space hazards before entry.
Hazard	Yes	No	N/A	
A. Lack of Oxygen				<input type="checkbox"/> A. Purge-Flush and Vent
B. Combustible Gases				
C. Combustible Vapors				<input type="checkbox"/> B. Ventilation
D. Combustible Dusts				
E. Toxic Gases				<input type="checkbox"/> C. Lockout/Tag Out
F. Toxic Vapors				
G. Chemical Contact				<input type="checkbox"/> D. Inerting
H. Electrical Hazards				
I. Mechanical Exposure				<input type="checkbox"/> E. Blanking, Blocking, Bleeding
J. Temperature				
K. Engulfment				<input type="checkbox"/> F. External Barricades
L. Entrapment				
M. Others				<input type="checkbox"/> G. Confined Space Identification/Signs
				<input type="checkbox"/> H. Other

**DO NOT DESTROY THIS PERMIT
AFTER CANCELLATION THIS ENTRY PERMIT MUST BE RETAINED
BY EMPLOYER FOR AT LEAST ONE YEAR.**

CONFINED SPACE ENTRY PERMIT

9. Acceptable Entry Conditions

10. Test(s) to be Taken	Permissible Entry Levels	Test 1	Test 2	Test 3	Test 4
A. Percent of Oxygen	19.5% to 23.5%				
B. Flammable Atmosphere	10% or less LFL				
C. Toxic Atmosphere Exposure	At or below PEL				
D.					
E.					
F.					
G.					
H.					
I.					
Name or Initials of Tester					
Test Times					

11. Rescue and Emergency Services Available:

Name _____ Name _____
 Telephone _____ Telephone _____

12. Communication procedures to be used by authorized entrants and attendants.

13. Equipment supplied to the employee.

Yes	No	N/A	Equipment	Description
			(i) Atmospheric Test and Monitoring	Name _____ Model/Type _____ Serial/Unit No. _____
			(ii) Ventilating	
			(iii) Communications	
			(iv) Personal Protective Equipment	<input type="checkbox"/> Safety Harness with Life Lines <input type="checkbox"/> Hard Hats <input type="checkbox"/> Eye <input type="checkbox"/> Ear <input type="checkbox"/> Face <input type="checkbox"/> Hand <input type="checkbox"/> Foot <input type="checkbox"/> Clothing <input type="checkbox"/> Respiratory
			(v) Lighting	
			(vi) Barriers/Shields	<input type="checkbox"/> Pedestrian <input type="checkbox"/> Vehicle <input type="checkbox"/> Other
			(vii) Safe Ingress/Egress	<input type="checkbox"/> Ladders
			(viii) Rescue and Emergency	<input type="checkbox"/> Lifelines <input type="checkbox"/> Hoists <input type="checkbox"/> Medical/First-aid
			(ix) Other Safety Equipment	

14. Other information for this particular confined space to ensure employee safety.

15. Additional Permits Required. Hot Work Other

THIS CONFINED SPACE ENTRY PERMIT HAS BEEN CANCELLED:

BY _____ : _____
Entry Permit Supervisor Time AM PM Date