Confined Space Permit

Confined Space/Equipment Name: _____ Location: _____

Purpose of Entry: _____

_____

Pre-Entry Checklist	Yes	N/A	Comments
Is energy isolation complete and in compliance with LTO procedure?			
Have all hoses used in the cleaning/purging of the space between disconnected?			
Has initial atmospheric monitoring been conducted and documented?			
Has ventilation been installed and activated?			
Pre-Entry conference held between Entry Superintendent, Entrants, and Attendant?			

Confined Space Previously Contained: _____

Potential Hazards (Check all that apply)

- ☐ Corrosive Material
- ☐ Hot Equipment
- ☐ Pressure Systems
- ☐ Flammable Materials
- ☐ Cleaning (Chemical or water lance)
- ☐ NO Visual Contact Possible
- ☐ Toxic Materials
- ☐ Wet Surfaces
- ☐ Oxygen Deficiency
- ☐ Falls
- ☐ Other _____

Entry Requirements (Check all that apply)

- ☐ Continuous Atmospheric Monitoring *
- ☐ Periodic Monitoring (Hourly) *
- ☐ Review of Rescue Pre-Plan
- ☐ Communication equipment
- ☐ Continuous Ventilation
- ☐ Fire Extinguisher Located
- ☐ Other: _____

* *Must check either Periodic or continuous monitoring*

Pre-Entry Atmospheric Monitoring							
Time	**Oxygen 19.5-23.5%**	**LEL 0%**	**CO <25 PPM**	**Toxic**	**Instrument Name & ID#**	**Instrument Cal Date**	**Attendant Signature**

Confined Space Permit – Valid One (1) Shift Only

Date: _____ Start Time: _____ End Time: _____

Confined Space Authorization:

Entry Supervisor: _____ Signature: _____

Time: _____ Reissued:_____

Post Entry Conference Conducted:

Entry Supervisor: _____ Signature: _____ Time: _____

Attendant: _____Signature: _____ Time: _____

Transfer of Authority:

Current Entry Supervisor: _____ Signature: _____ Time: _____

Accepting Entry Supervisor: _____ Signature: _____ Time: _____

Confined Space Entry Log

Authorized Attendant	Company	Time ON	Time OFF	Time ON	Time OFF	Time ON	Time OFF

Authorized Entrant	Company	Time IN	Time OUT	Time IN	Time OUT	Time IN	Time OUT

Atmospheric Monitoring (Document Hourly)							
Time	**Oxygen 19.5-23.5%**	**LEL 0%**	**CO <25 PPM**	**Toxic**	**Instrument Name & ID #**	**Instrument Cal Date**	**Attendant Signature**