

§5157 Appendix D-1 - Confined Space Entry Permit

Confined Space Entry Permit:

_____ / _____ / _____ _____:_____ a.m. p.m. _____ / _____ / _____ _____:_____ a.m. p.m.
 Date Issued Time Issued Date Expires Time Expires

Job Site / Space I.D. _____

Job Supervisor _____

Equipment To Be Worked On _____

Work To Be Performed _____

Standby Personnel _____

1. Atmospheric Checks:

Time: _____:_____ a.m. p.m.
 Oxygen: _____ % Explosive: _____ % L.F.L. Toxic: _____ PPM

2. Tester's Signature: _____

3. Source Isolation (No Entry): N/A Yes No
 Pumps or lines blinded,
 disconnected, or blocked

4. Ventilation Modification: N/A Yes No
 Mechanical
 Natural Ventilation Only

5. Atmospheric Check After Isolation And Ventilation:

Oxygen: _____ % \geq 19.5%
 Explosive: _____ % L.F.L. \leq 10%
 Toxic: _____ PPM \leq 10 PPM H₂S
 Time: _____:_____ a.m. p.m.
 Tester's Signature: _____

6. Communication Procedures:

7. Rescue Procedures:

8. Entry, Standby, and Back Up Persons: Yes No

Successfully Completed Required Training?
 Is It Current?

9. Equipment

	N/A	Yes	No
Direct Reading Gas Monitor Tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Harnesses And Lifelines For Entry And Standby Persons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoisting Equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Powered Communications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCBA's For Entry And Standby Persons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protective Clothing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Electric Equipment Listed			
Class I, Division I, Group D and non-sparking tools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Periodic Atmospheric Tests:

Oxygen: _____ %	Time: _____:_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Oxygen: _____ %	Time: _____:_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Oxygen: _____ %	Time: _____:_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Oxygen: _____ %	Time: _____:_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Explosive: _____ %	Time: _____:_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Explosive: _____ %	Time: _____:_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Explosive: _____ %	Time: _____:_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Explosive: _____ %	Time: _____:_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Toxic: _____ PPM	Time: _____:_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Toxic: _____ PPM	Time: _____:_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Toxic: _____ PPM	Time: _____:_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Toxic: _____ PPM	Time: _____:_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

We have reviewed the work authorized by this permit and the information contained herein. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked in the "No" column.
 This permit is not valid unless all appropriate items are completed.

Permit Prepared By: (Supervisor) _____

Approved By: (Unit Supervisor) _____

Reviewed By: (Cs Operations Personnel) _____ (Printed Name)

 (Signature)

This permit to be kept at job site. Return job site copy to Safety Office following job completion.