

## §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 H<sub>2</sub>S  
 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?       

	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.