

Appendix F: Permit Form for Confined Space Entry

This form must be completed for all permit space entries, and must be posted at the site of entry. It is to be completed by a Confined Space Entry Supervisor (CSES).

Date: _____ Time issued: _____ Timed expired: _____

Location: _____ Space number: _____

Reason for space entry: _____

Entry authorized by: _____ Phone: _____

(Entry Supervisor)

SECTION I – Personnel (Attach list if necessary)		
Your signature indicates you have been trained on the hazards of this space, your duties, and precautions you must take for this entry.		
Position	Name	Signature
Entry Supervisor		
Attendant		
Attendant		
Entrant		
Entrant		
Entrant		
Entrant		

SECTION II – Isolation of Energy Sources			
Equipment	How isolated	Location of isolation	Initials

SECTION III – Entry Requirements					
Entry requirement	Required	Checked	Personal Protective Equipment	Required	Checked
Communications Equipment			Eye Protection (Specify Type)		
Ventilation Equipment					
GFCI Protected Electrical			Respiratory Protection (Specify Type)		
Explosion Proof Lighting					
Non-Sparking Tools			Hearing Protection		
Ladders			Gloves (Type)		
Fall Protection			Boots (Type)		
Barricades			Clothing (Type)		
Continuous monitoring Equipment To Be Worn During Entry (Specify Type)			Hard Hat		
			Other		
			Other		
			Comments:		

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SECTION IV – Atmospheric Testing

Testing Equipment Used	Model	I.D. Number

I certify equipment is in calibration. _____ Phone: _____

(Signature of tester)

Atmospheric Testing	Initial Check		Pre-entry		Periodic re-check (Reading at least every 30 minutes.)				
	Need ?	Time: _____ Results/Initials	Need ?	Time: _____ Results/Initials	Need ?	Time: _____ Results/Initials	Time: _____ Results/Initials	Time: _____ Results/Initials	Time: _____ Results/Initials
Oxygen (19.5%-23.5%)	Yes		Yes		Yes				
Combustibles (<10% LEL)	Yes		Yes		Yes				
Carbon Monoxide (<35 ppm)	Yes		Yes		Yes				
Hydrogen Sulfide (<10 ppm)	Yes		Yes		Yes				
Other (list)									
Other (list)									

SECTION V – Emergency Action

In the event of a confined space emergency call 911 if using a campus phone or 684-2444 if using a cellular. Provide detailed information to the emergency operator letting them know it is a confined space emergency, the specifics of the emergency, and location of the emergency. Note any additional requirements/ information:

SECTION VI – Permit Cancellation

Permit Cancelled by: _____ Date _____ Time: _____

Permit was canceled because (check one) Work has been complete The permit has expired Emergency (specify) _____