



## CONFINED SPACE ENTRY PERMIT-CONSTRUCTION

### ALL QUESTIONS MUST BE ANSWERED

Facility/Project: \_\_\_\_\_

RESCUE SERVICE \_\_\_\_\_ EMERGENCY PHONE NO. \_\_\_\_\_

Notified of entry activity: Y N. If no, why? \_\_\_\_\_

Description of confined Space: \_\_\_\_\_

Nature of Work to be Performed: \_\_\_\_\_

Confined Space Entry Authorization: \_\_\_\_\_  
Equipment Owner

Possibility of Special Hazards Existing:

Hazard	Yes	No	Hazard	Yes	No
Toxic Vapors			Burns		
Combustible Gases			Falls		
Lack of Oxygen			Noise		
Electric Shock			Hazardous Liquids		
Injury from mechanical equipment			Trips		

#### Entry Supervisor's Checklist

Item	Yes	No	N/A
Confined Space Emptied/Clean			
Confined space purged with air and properly ventilated			
All equipment associated with space locked, tagged, and tried			
Safety shower or water hose available			
Adequate low voltage lighting provided			
All portable electrical tools grounded or double insulated			
Cutting & Welding Permit Completed			
Meeting held with entrants to review job operations & hazards			
Ground fault interrupter available			
Space atmosphere declared safe by testing			
Employees briefed on rescue procedures			
Appropriate safety clothing/equipment available			
Prearranged Communications:			
Man stationed at entrance			
Close Supervision			
Radio			
Telephone			

Confirmed with: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Safety Department

Permit Expires: Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM – PM

**Note: Permit is good for one shift only – maximum 12 hours.**

Entry Supervisor - Print Name	Sign Name	Date:	Time:







## Gas Monitor Issues

Indicate any issue with gas monitor such as alarms, boot up issues, power issues, ext.

Issue	Resolution
H2S alarm	Moved unit to clean air an alarm continued. Powered down unit, restarted and bump tested. Unit passed bump test.

## Returning Equipment to Normal Operations

Entry Supervisor's Checklist			
Item	Yes	No	N/A
All personnel have vacated the space and are accounted for.			
All tools and equipment have been removed from the space.			
All opening for the space have been closed			
Direct the removal of all lockout devices			
Notify Rescue Services			

Permit Canceled: \_\_\_\_\_  
Entry Supervisor

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Confirmed with: \_\_\_\_\_  
Safety Department

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**This Confined Space Entry Permit and the Cutting and Welding Permit, if used, must be sent to the Safety Department upon termination.**

