

GENERAL INFORMATION

Space to be Entered: _____ Purpose of Entry: _____

Location/Building: _____ Authorized Duration of Permit: _____ Date: _____ to _____

PERMIT SPACE HAZARDS (indicate specific hazards with initials.)

_____ Oxygen deficiency (less than 19.5%)

_____ Oxygen enrichment (greater than 23.5%)

_____ Airborne dust

_____ Mechanical hazards

_____ Electrical shock

_____ Materials harmful to skin

_____ Entrapment

_____ Other: _____

EQUIPMENT REQUIRED FOR ENTRY AND WORK

Personal Protective Equipment: Gloves CSA Approved Boots Helmets

Respiratory Protection: NIOSH TC-21C approved dust mask

Atmospheric Testing: MSA microguard oxygen meter

Communication: Radio

Rescue Equipment: N/A

Other: _____

PREPARATION FOR ENTRY (check after steps have been taken)

Notification of affected departments of service interruption.

Isolation Methods: Lockout/tagout Blank/Blind
 Signs Barriers Other: _____

Personnel Awareness:
 Pre-entry briefing on specific hazards and control methods
 Notify contractors of permit and hazard conditions
 Other: _____

Additional permits required and/or attached:
 Hotwork Line breaking Other: _____

COMMUNICATION PROCEDURES

To be used by attendants and entrants:

EMERGENCY SERVICE

Name of Service Contact	Phone Number	Method of
Security	5000	Telephone/radio
_____	_____	_____

AUTHORIZED ENTRANTS (List by name or attached roster)

AUTHORIZED ATTENDANTS (List by name)

TESTING RECORD

Time	Acceptable Conditions	Result : AM/PM	Result : AM/PM	Result : AM/PM	Result : AM/PM	Result : AM/PM	Result : AM/PM	Result : AM/PM
Oxygen-min.	> 19.5%	_____	_____	_____	_____	_____	_____	_____
Oxygen-max.	< 23.0%	_____	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____	_____	_____
Tester Initials	_____	_____	_____	_____	_____	_____	_____	_____

AUTHORIZATION BY ENTRY SUPERVISORS

I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in this confined space.

Printed Name _____ Signature _____ Date _____ Time _____

**CLOSURE IS REQUIRED ON THIS FORM • RETURN TO SUPERVISOR AFTER CLOSURE
 THIS PERMIT MUST BE POSTED ON JOB SITE • GOOD ONLY ON INDICATED DATE**