

GENERAL INFORMATION

Space to be Entered: _____ Purpose of Entry: _____ Permit No. _____

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 23.6%)

_____ Flammable gases or vapors (greater than 10% of LFL)

_____ Airborne dust (meets or exceeds LFL)

_____ Toxic gases or vapors (greater than TW-TWA)

_____ Mechanical hazards

_____ Electrical shock

_____ Materials harmful to skin

_____ Entrapment

_____ Other: _____

EQUIPMENT REQUIRED FOR ENTRY AND WORK

Personal Protective Equipment: Pass Device
 Boots Helmets Gloves

Respiratory Protection: TC 21-C appr'd dust mask SCBA

Atmospheric Testing/Monitoring:
 MSA microguard O₂/LEL meter HNU PI 101 (for type 3 only)
 IS TMX 410 meter

Communication: Radio

Rescue Equipment:
 Tripod Body harness
 First-aid kit (for type 3 only)

Other: Blower units Hose

PREPARATION FOR ENTRY (check after steps have been taken)

Notification of affected departments of service interruption.

Isolation Methods: Lockout/tagout Blank/Blind
 Purge/clean Atmospheric test Ventilate
 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:

AUTHORIZED ENTRANTS (List by name or attached roster)

EMERGENCY SERVICE

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

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%	_____	_____	_____	_____	_____	_____	_____
Flammability	< 10% LEL/LFL	_____	_____	_____	_____	_____	_____	_____
H ₂ S	< 10 ppm	_____	_____	_____	_____	_____	_____	_____
Toxic (specify)	_____	_____	_____	_____	_____	_____	_____	_____
Cl ₂	< 0.5 ppm	_____	_____	_____	_____	_____	_____	_____
CO	< 35 ppm	_____	_____	_____	_____	_____	_____	_____
SO ₂	< 2 ppm	_____	_____	_____	_____	_____	_____	_____
Heat	°F/°C	_____	_____	_____	_____	_____	_____	_____
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**