

APPENDIX A
Confined Space Entry Permit

Location of space: _____

Date: _____ Time: _____ Expiration: _____

Purpose of entry: _____

Authorized Entrant(s): _____

Attendant(s): _____

Entry Supervisor: _____

Hazards: _____

Rescue contact: _____ Phone #: _____

MONITORING:

	Acceptable Level	Reading	Time	Reading	Time
Oxygen	(19.5-23.5%)	_____	_____	_____	_____
Combustibles	(< 10% LFL)	_____	_____	_____	_____
CO	(< 35 ppm)	_____	_____	_____	_____
H ₂ S	(< 10 ppm)	_____	_____	_____	_____

Instrument Used: _____ Tester: _____

Calibrated: _____ Date: _____ Time: _____

EQUIPMENT:

Lockout/Tagout	yes	no	Tripod	yes	no
Ventilation	yes	no	Lifelines	yes	no
Isolation	yes	no	Radios	yes	no
Respirators	yes	no	Other PPE	yes	no
SCBA	yes	no	Hard hat	yes	no
Fire extinguisher	yes	no	Goggles	yes	no
Lighting	yes	no	Ear plugs	yes	no
Harness	yes	no	Other Permits	yes	no

Entry supervisor's signature, authorizing the above conditions have been met for safe entry: _____ Date: _____ Time: _____

Time of cancellation: _____

Comments: _____