

Confined Space Entry Permit

Confined Space Location: _____

Description of Work: _____

Attendant: _____ Supervisor: _____

Issued (date/time): _____ Expires (date/time): _____

Description of Confined Space

Hazards:

Control Measures:

Confined Space Entry/Exit Record

Worker	Entry	Exit	Entry	Exit	Entry	Exit	Entry	Exit	Entry	Exit	Entry	Exit	Entry	Exit

Sampling Equipment

Calibration Date

Calibrated By

Hazard	Permissible Levels	Time	Results	Time	Results	Time	Results
O ₂	19.5% to 23%						
Combustibility	cold work 0-10% LEL hot work 0-1% LEL						
CO	less than 25 ppm						
H ₂ S	less than 5 ppm						

Entry Equipment List	Inspected by	Date	Rescue Equipment List:	Inspected by	Date

I verify that this Entry permit complies with the Entry Plan for this Confined Space.

Name: _____ Signature: _____

Department: _____ Date: _____