

# Confined Space Entry Permit

Confined Space Location: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Attendant: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Issued (date/time): \_\_\_\_\_ Expires (date/time): \_\_\_\_\_

## Description of Confined Space

Hazards:

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Control Measures:

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## 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 <sub>2</sub>	19.5% to 23%						
Combustibility	cold work 0-10% LEL hot work 0-1% LEL						
CO	less than 25 ppm						
H <sub>2</sub> 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: \_\_\_\_\_