

CONFINED SPACE ENTRY PERMIT

A. Confined Space Location _____ Purpose of Entry _____

Dept. Entering _____ Date _____ Time: Entry _____

Building & Description of Space _____ Exit _____

B. Potential Hazards _____

CONFINED SPACE ENTRY PERMIT AND CHECKLIST

Pre-Entry Checklist

Date: _____ Time: _____

Location and Description of Confined Space: _____

Purpose of Entry: _____

21 DEC 01 8.30 AM

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ISOLATION CHECKLIST	Yes	No	N/A
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PERMIT REQUIRED CONFINED SPACE ENTRY PERMIT AND CHECKLIST

Entry Checklist

Date: _____ Time: _____

Location and Description of Confined Space: _____

Purpose of Entry: _____

Entrant(s): _____

Attendant(s): _____

Action	Check	Initial
Notify Environmental Health and Safety Office 3 days in advance of project		
Are all employees involved properly trained?		
Has area been ventilated for at least 10 minutes prior to entry		
Assign one person to carry monitoring device for oxygen, LEL an carbon monoxide		

Warning: There can be no hazardous atmospheres within the confined space whenever a employee is inside. If a hazardous atmosphere is detected while in the workspace, each employee must leave the confined space immediately.

Authorizing Supervisor Signature: _____

Completion of Project Date: _____ Time: _____

Supervisor Signature of Permit Cancellation: _____

PERMIT REQUIRED CONFINED SPACE ENTRY PERMIT AND CHECKLIST

Attendant Checklist

Date: _____

Time: _____

Location and Description of Confined Space: _____

ENTRANT(S)	Time		Initials
	In	Out	

ATTENDANT AIR MONITORING	Oxygen	Flammable Gases (LEL)	Carbon Monoxide
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