

CONFINED SPACE ENTRY PERMIT

PERMIT VALID FOR 1 SHIFT ONLY. ALL PERMIT COPIES MUST REMAIN AT THE SITE UNTIL SHIFT OR JOB IS COMPLETED.

Date: _____ Site location #1: _____

Site location #2: _____ Site location #3: _____

Site location #4: _____ Site location #5: _____

PURPOSE OF ENTRY: _____

Supervisor in charge of crew: _____ Type of Crew: _____ NexTel or Cell #: _____

Contractor: _____ Phone Number: _____

Communication procedures: Visual Life Line Voice Contact Radio Signal

Rescue procedures: _____

BOLD INDICATES MINIMUM REQUIREMENTS TO COMPLETE AND REVIEW PRIOR TO ENTRY

REQUIREMENTS	YES	NO	N/A	REQUIREMENTS	YES	NO	N/A
Lockout/De-energize/Tagout				Full Body Harness w/"D" Ring			
Line(s) Broken-Capped-Blank				Emergency Escape Retrieval Equipment			
Purge-Flush and Vent				Lifelines			
Ventilation				Fire Extinguishers			
Secure Area (Post and Flag)				Lighting (Explosive proof)			
Breathing Apparatus				Protective Clothing (PPE)			
Resuscitator - Inhalator				Respirator(s) (Air Purifying)			
Standby Safety Personnel				Hot Work Permit (Burning and Welding)			

SAFETY STANDBY IS REQUIRED FOR ALL CONFINED SPACE WORK

SAFETY STANDBY ATTENDENT(S)	SIGNATURE
_____	_____
_____	_____
_____	_____

CONFINED SPACE ENTRANT(S)	SIGNATURE
_____	_____
_____	_____
_____	_____
_____	_____

CONFINED SPACE ENTRY PERMIT

NAME OF GAS TESTER: _____ **TEXAS STATE ID#:** _____

Continuous Monitoring:		<input type="checkbox"/> Yes <input type="checkbox"/> No		Contractor Testing Units Used:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Test(s)	Acceptable Conditions	Site #1	Site #2	Site #3	Site #4	Site #5		
Percent of Oxygen (O ₂):	19.5 -23.5%	_____ %	_____ %	_____ %	_____ %	_____ %		
Lower Explosive Limit (LEL):	< 10%	_____ %	_____ %	_____ %	_____ %	_____ %		
Carbon Monoxide (CO):	< 10ppm	_____ %	_____ %	_____ %	_____ %	_____ %		
Hydrogen Sulfide (H ₂ S):	< 35ppm	_____ %	_____ %	_____ %	_____ %	_____ %		

Remarks: _____

ENTRY SUPERVISOR AUTHORIZATION - ALL CONDITIONS SATISFIED

Signature: _____

Department: _____

EMERGENCY CONTACT PHONE NUMBER:

911

Note! Only authorized Fire Department rescue team members are permitted to make entry rescues.

TERMINATION OF PERMIT:	Printed Name	Signature	Date
Entry Supervisor			

Reason For Termination

[]	Job Completed	[]	Other:
-----	---------------	-----	--------

PERMIT SPACE HAZARDS (check all that apply):			
<input type="checkbox"/>	Oxygen Deficiency (< 19.5%)	<input type="checkbox"/>	Oxygen Enrichment (>23.5%)
<input type="checkbox"/>	Flammable Gases or Vapors	<input type="checkbox"/>	Toxic Gases or Vapors (>PEL)
<input type="checkbox"/>	Airborne Combustible Dust (meets or exceeds PEL)	<input type="checkbox"/>	Mechanical Hazards
<input type="checkbox"/>	Materials Harmful to Skin (corrosive, skin absorbed)	<input type="checkbox"/>	Electrical Shock
<input type="checkbox"/>		<input type="checkbox"/>	Engulfment
<input type="checkbox"/>	Pre-opening Hazards	<input type="checkbox"/>	Hot/Corrosive
<input type="checkbox"/>	Noise	<input type="checkbox"/>	Heat/Cold Stress
<input type="checkbox"/>	Slipping/Tripping	<input type="checkbox"/>	Poor Lighting
<input type="checkbox"/>	Potential for disturbance of asbestos or presumed asbestos containing material	<input type="checkbox"/>	Insects/Spiders/Wasps/Etc.
		<input type="checkbox"/>	MSDS Needed?
		<input type="checkbox"/>	Yes <input type="checkbox"/> No
		<input type="checkbox"/>	Other: