



## Confined space entry permit

**GENERAL**

<b>Location of Task:</b> ..... <b>Description of Task:</b> ..... ..... .....
---

**RISK CONTROL MEASURES**

<u><b>Isolation</b></u> Space needs to be isolated from: <div style="text-align: right; margin-right: 20px;">Location/Method/Type</div> Water/gas/steam/chemicals ..... Mechanical/electrical drives ..... Auto fire extinguishing systems..... Hydraulic/electric/gas/power ..... Sludge/deposits/wastes ..... Locks and/or tags have been affixed to isolation points    Yes/No	<u><b>Personal Protective Equipment</b></u> The following safety equipment is required.          Type Respiratory protective device ..... Harness/lifelines ..... Eye protection ..... Hand protection ..... Footwear ..... Protective clothing ..... Hearing protection ..... Safety helmet ..... Personal atmospheric monitoring equipment ..... Other: ..... ..... .....
<u><b>Atmosphere</b></u> The atmosphere in the confined space has been tested: <u>Results of test:</u> Oxygen ..... % Flammable airborne contaminants ..... %LEL Other gases: ..... ppm (less than ..... ppm) ..... ppm (less than ..... ppm) Other airborne contaminants: ..... ..... .....  The conditions for entry are as marked below: 1. With supplied-air respirator    Yes/No 2. Without respiratory protective device    Yes/No 3. With escape unit    Yes/No	<u><b>Other Precautions</b></u> Warning notices/barricades    Yes/No Smoking forbidden    Yes/No All persons have been trained    Yes/No Intrinsically safe equipment    Yes/No Select appropriate communication equipment                                  Yes/No Other requirements: ..... ..... .....
<u><b>Hot Work</b></u> Area clear of all combustibles including flammable airborne contaminants    Yes/No  Type of fire prevention equipment required: ..... ..... Hot work is permitted    Yes/No	<u><b>Stand-by Persons</b></u> Number of stand-by persons required:..... Names:..... ..... ..... .....

**AUTHORITY TO ENTER**

The risk control measures and precautions appropriate for the safe entry and execution of the tasks in the confined space have been implemented and the persons required to enter the confined space have been advised of and understand the requirements of this written authority.	
Signed: .....	Date: ..... / ..... / .....          Time: .....
This written authority is valid until:      Date: ..... / ..... / .....          Time: .....	

**PERSONS REQUIRED TO ENTER CONFINED SPACE**

I have been advised of and understand the risk control measures and precautions to be observed with the entry and tasks in the confined space.

ENTRY			EXIT		
Name	Date	Time	Name	Date	Time

**CANCELLATION OF WRITTEN AUTHORITY**

All persons and equipment accounted for:                         Yes/No  
 Equipment checked and restored correctly:                         Yes/No

Signed: ..... Date: ...../...../..... Time: .....

Remarks or comments:.....  
 .....  
 .....  
 .....