

### Confined Space Entry Permit

<b>Confined Space to be Entered:</b>		<b>Dept Applying for permit:</b>	
<b>Employee or Contractor Entry:</b>		<b>Date of Entry:</b>	
<b>Supervisor in Charge:</b>		<b>Supervisor Phone #</b>	
<b>Names of Entrants:</b>		<b>Names of Attendants:</b>	
<b>Description of Work to be Done:</b>		<b>Purpose of Entry:</b>	
<b>Duration of Occupancy:</b>		<b>Communication Method:</b>	

*\*\*Permit valid for up to 8 hours only. All copies of permit will remain at job site until job is completed\*\**

<b>Potential Hazards:</b>	<b>Measures used to isolate the permit confined space:</b>

<b>Requirements Completed:</b>	<b>Completed (yes/no)</b>	<b>Date</b>
- Lock-Out/De-Energize/Tag-Out		
-Line(s) Broken-Capped-Blanked		
-Purge-Flush and Vent		
-Full Body Harness w/ "D" ring		
-Emergency Escape Retrieval Equipment		
-Lifelines		
-Secure Area (Post and Flag)		
-Breathing Apparatus		
-Standby Safety Personnel		
-Fire Extinguishers		
-Lighting (Explosion Proof)		
-Protective Clothing		
-Respirator(s)/ Air Purifying		

(For items that do not apply, enter N/A in the "Completed" column)

<b>Acceptable Entry Conditions:</b>
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**Item Tested**

**Result/Level**

**Date/Initials of Tester**