

Confined Space Entry Permit

Job/Task		Permit No.	
Location of Confined Space			
Date		Start Time	
End Time		Supervisor	

Workers Authorized for Entry

Name	Signature	Time In	Time Out

Attendants

Name	Signature

Atmosphere Testing

Test	Acceptable Range	Initial	Periodic
O ₂	19.5% - 23.5%		
Flammable Gas	< 10% LEL		
CO	< 35 ppm		
H ₂ S	< 10 ppm		
Other			

Hazards Identified

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Isolation & Lockout/Tagout

☐ Electrical ☐ Mechanical ☐ Chemical ☐ Hydraulic ☐ Pneumatic ☐ Other

Entry Permit Conditions

☐ Ventilation Provided ☐ Communications Established ☐ Harness and Retrieval System ☐ Respiratory Protection ☐ Fire Extinguisher Available ☐ Others

Emergency Procedures

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Permit Authorization

Supervisor Name & Signature

Date/Time

Safety Officer Name & Signature

Date/Time

Permit Cancellation

Permit Cancelled By (Name & Signature)

Date/Time