

PERMIT REQUIRED CONFINED SPACE FORM

(THIS FORM MUST BE COMPLETED)

Permit duration:	Permit Start Time/Date:	Permit Closed Time/Date:
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Communication procedures (including equipment):

RESCUE PLAN FOR PERMIT SPACES ONLY

Rescue Team Number or Channel:	Rescue Team Contact Name:	Time and Date Rescue Team Notified:
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- Non-entry rescue by attendant (entrant does not disconnect from system or have any significant entanglement hazards).
- Contracted previously qualified third party Rescue Team or Local Fire Department with Confined Space Technical Rescue team, available within reasonable response time, and who agrees to notify Supervisor if unavailable.
- Employer Rescue Team notified and available within reasonable response time. Check here if team required at Entrance.
- Rescue Team ON SITE with supplied air respirators for known hazardous atmosphere entries.

Rescue team names:

Special hazards, information, procedures, or conditions for rescue:

PRE-ENTRY PROCEDURES TO BE COMPLETED BEFORE ENTRY

Area around space secured. (CS Signage posted and barriers placed around entrance.)	<input type="checkbox"/> Completed <input type="checkbox"/> NA	Entrant in PPE/Respirator/Clothing marked below.	<input type="checkbox"/> Completed <input type="checkbox"/> NA
Energy Control Program in place. (LOTO) List Procedure or Reference:	<input type="checkbox"/> Completed <input type="checkbox"/> NA	Emergency Escape Retrieval Equipment Setup. (Required at 5' Vertical Drop) <input type="checkbox"/> Tripod <input type="checkbox"/> Davit <input type="checkbox"/> Winch <input type="checkbox"/> Horizontal	<input type="checkbox"/> Completed <input type="checkbox"/> NA
Engulfment Line(s) Disconnected – LOTO - Water removed or controlled with pumps.	<input type="checkbox"/> Completed <input type="checkbox"/> NA	Communications: <input type="checkbox"/> Visual <input type="checkbox"/> Verbal <input type="checkbox"/> Radio <input type="checkbox"/> Other: (Confirm adequate Lighting)	<input type="checkbox"/> Completed <input type="checkbox"/> NA
Gas Lines - Purge, Flush or Vent Space - List Procedure or Reference:	<input type="checkbox"/> Completed <input type="checkbox"/> NA	HOT WORK PERMIT (REQUIRED FOR WELDING IN SPACE) This document also serves as Hot Work Permit for hot work with flammables within 35' of work. Time Started: _____ Fire Extinguisher Locations: _____ Name of Fire Watch: _____ Time of Fire Watch Completion: _____	
Initial Air Monitoring recorded on page 1.	<input type="checkbox"/> Completed <input type="checkbox"/> NA		
Ventilation of space before entry completed.	<input type="checkbox"/> Completed <input type="checkbox"/> NA		
Chemical SDS reviewed and hazards addressed:	<input type="checkbox"/> Completed <input type="checkbox"/> NA		

Entrants must exit space immediately if there is a failure of a direct reading instrument, failure of ventilation system, detection of a hazardous atmosphere, introduction of a new hazard, a hazard develops, entrant shows signs of exposure, or conditions change.

Mark Entrant PPE required below:

<input type="checkbox"/> Full body harness w/ dorsal "D" ring OR <input type="checkbox"/> Wristlets or similar retrieval attachment	<input type="checkbox"/> Hardhat <input type="checkbox"/> Helmet <input type="checkbox"/> Boots	<input type="checkbox"/> Hearing Protection <input type="checkbox"/> Air Purifying Respirator <input type="checkbox"/> SAR/SCBA	<input type="checkbox"/> Goggles <input type="checkbox"/> Safety glasses <input type="checkbox"/> CPC <input type="checkbox"/> Faceshield <input type="checkbox"/> Gloves <input type="checkbox"/> Welding hood
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Mark Attendant Required PPE Right: Full body harness Hardhat Gloves Respirator Other:

ATTENDANTS AND ENTRANTS

List lead Attendant:	List Entrant(s):	Enter Time:	Exit Time:
List additional Attendants Below:			

SUPERVISOR

ENTRY SUPERVISOR SIGNATURE SIGNIFIES ALL CONDITIONS HAVE BEEN SATISFIED FOR ENTRY. Acceptable entry conditions for permit required spaces are all hazards controlled, continuous monitoring, ventilation systems functioning, and rescue planned.

Supervisor Name:	Supervisor Phone:
Supervisor Signature:	Date and Time:

Return this form to Program Administrator. All confined space permits are to be kept on file for one year from date of use.