§5157 Appendix D-1 - Confined Space Entry Permit

Confined Space Entry Permit:

_____ / _____ / _____ _____:_____ ☐ a.m. ☐ p.m. _____ / _____ / _____ _____:_____ ☐ a.m. ☐ p.m.
Date Issued Time Issued Date Expires Time Expires

Job Site / Space I.D.

Job Supervisor

Equipment To Be Worked On

Work To Be Performed

Standby Personnel

1. **Atmospheric Checks:**
   Time: _____:_____ ☐ a.m. ☐ p.m.
   Oxygen: _____ % Explosive: _____ % L.F.L. Toxic: _____ PPM
2. Tester's Signature: _____
3. **Source Isolation (No Entry):**

	N/A	Yes	No
Pumps or lines blinded, disconnected, or blocked	☐	☐	☐

4. **Ventilation Modification:**

	N/A	Yes	No
Mechanical	☐	☐	☐
Natural Ventilation Only	☐	☐	☐

5. **Atmospheric Check After Isolation And Ventilation:**
   Oxygen: _____ % ≥ 19.5%
   Explosive: _____ % L.F.L. ≤ 10%
   Toxic: _____ PPM ≤ 10 PPM H_2S
   Time: _____:_____ ☐ a.m. ☐ p.m.
   Tester's Signature: _____
6. **Communication Procedures:**
   _____
   _____
7. **Rescue Procedures:**
   _____
   _____
   _____
8. **Entry, Standby, and Back Up Persons:**

	Yes	No
Successfully Completed Required Training?	☐	☐
Is It Current?	☐	☐

9. **Equipment**

	N/A	Yes	No
Direct Reading Gas Monitor Tested?	☐	☐	☐
Safety Harnesses And Lifelines For Entry And Standby Persons?	☐	☐	☐
Hoisting Equipment?	☐	☐	☐
Powered Communications?	☐	☐	☐
SCBA's For Entry And Standby Persons?	☐	☐	☐
Protective Clothing?	☐	☐	☐
All Electric Equipment Listed Class I, Division I, Group D and non-sparking tools?	☐	☐	☐

10. **Periodic Atmospheric Tests:**

Oxygen:	_____ %	Time: _____:_____ ☐ a.m. ☐ p.m.		Oxygen:	_____ %	Time: _____:_____ ☐ a.m. ☐ p.m.	
Oxygen:	_____ %	Time: _____:_____ ☐ a.m. ☐ p.m.		Oxygen:	_____ %	Time: _____:_____ ☐ a.m. ☐ p.m.	
Explosive:	_____ %	Time: _____:_____ ☐ a.m. ☐ p.m.		Explosive:	_____ %	Time: _____:_____ ☐ a.m. ☐ p.m.	
Explosive:	_____ %	Time: _____:_____ ☐ a.m. ☐ p.m.		Explosive:	_____ %	Time: _____:_____ ☐ a.m. ☐ p.m.	
Toxic:	_____ PPM	Time: _____:_____ ☐ a.m. ☐ p.m.		Toxic:	_____ PPM	Time: _____:_____ ☐ a.m. ☐ p.m.	
Toxic:	_____ PPM	Time: _____:_____ ☐ a.m. ☐ p.m.		Toxic:	_____ PPM	Time: _____:_____ ☐ a.m. ☐ p.m.	

We have reviewed the work authorized by this permit and the information contained herein. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked in the "No" column.
This permit is not valid unless all appropriate items are completed.

Permit Prepared By: (Supervisor) _____

Approved By: (Unit Supervisor) _____

Reviewed By: (Cs Operations Personnel) _____
(Printed Name)

_____
(Signature)

This permit to be kept at job site. Return job site copy to Safety Office following job completion.

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