

DO NOT ENTER THE SPACE UNLESS DIRECTED TO BY YOUR SUPERVISOR AND AN ATTENDANT IS PRESENT

Location/Job: _____ **Permit Confined Space Area:** _____

Date: _____ **Start Time:** _____ **Finish Time:** _____

Entry Supervisor/Attendant (Record keeper): _____ **Signature:** _____

Authorized Entrants: _____, _____, _____

Attendant (If not Entry Supervisor): _____

Equipment Checklist:

Hand Tools:		
Tool:	Used:	In Good Condition:
Hammer	<input type="checkbox"/>	<input type="checkbox"/>
Wrench	<input type="checkbox"/>	<input type="checkbox"/>
Ratchets/Socket	<input type="checkbox"/>	<input type="checkbox"/>
Pry Bar	<input type="checkbox"/>	<input type="checkbox"/>
Flash Light	<input type="checkbox"/>	<input type="checkbox"/>
Flood Light	<input type="checkbox"/>	<input type="checkbox"/>
Ext. Cord(s)	<input type="checkbox"/>	<input type="checkbox"/>
Lifting Device	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

Hot Work Tools:		
Tool:	Used:	In Good Condition:
Welder	<input type="checkbox"/>	<input type="checkbox"/>
Welding Helmet	<input type="checkbox"/>	<input type="checkbox"/>
Torch	<input type="checkbox"/>	<input type="checkbox"/>
Face Shield	<input type="checkbox"/>	<input type="checkbox"/>
Grinder	<input type="checkbox"/>	<input type="checkbox"/>
Burn Coat	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>
Fire Blanket	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

Hazard Checklist:

Hazards Associated with Entry					
Type:	Yes	No	Type:	Yes	No
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	Temperature	<input type="checkbox"/>	<input type="checkbox"/>
Hot Work	<input type="checkbox"/>	<input type="checkbox"/>	Pinch/Crush Points	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Substances	<input type="checkbox"/>	<input type="checkbox"/>	Sharp Edges/Objects	<input type="checkbox"/>	<input type="checkbox"/>
Repetitive Motion	<input type="checkbox"/>	<input type="checkbox"/>	Overhead Power Lines	<input type="checkbox"/>	<input type="checkbox"/>
Slippery Surfaces	<input type="checkbox"/>	<input type="checkbox"/>	Equipment/Welders used by entry (CO)	<input type="checkbox"/>	<input type="checkbox"/>
Airborne Hazards	<input type="checkbox"/>	<input type="checkbox"/>	Weather (cold/hot/storms)	<input type="checkbox"/>	<input type="checkbox"/>

ATMOSPHERIC TESTING RECORDS					
4 Gas Readings Safe Entry Levels	Oxygen (19.5% - 23.5%)	LEL (Less than 10%)	H2S (Less than 10 PPM)	CO (Less than 10 PPM)	Tester's Initials
Initial Readings*					
Re – Entry 1*					
Re – Entry 2*					
Re – Entry 3*					

*Readings taken from outside space prior to entry and re-entry into space

Continuous Monitoring must be maintained by entrant for entire entry / If any deficiencies are found with atmospheric monitoring instrument the space will be abandoned, permit vacated and safety department called before re-entry into space without properly working instrumentation.

