

CONFINED SPACE ENTRY PERMIT

Site Location / Description:			WO#:		
Date:					
Work Permitted:					
Supervisor		Type of Work		Phone #	
Confined Space Entry Attendant:					
Communication Procedures (including equipment):					
Work Not Permitted:					
REQUIREMENTS COMPLETED	YES	N/A	REQUIREMENTS COMPLETED	YES	N/A
Lockout/Tagout/De-energize			Supplied Air Respirator		
Lines Broken/Capped/Blank			Air Purifying Respirator		
Purge/Flush/Ventilate			Protective Clothing		
Ventilation Monitored			Full Body Harness w/ "D" ring		
Secure Area - Post and Flag			Emergency Escape Retrieval Equip		
Lighting (Intrinsically Safe)			Lifelines		
Ventilation Failure Escape Test			Standby Rescue Personnel		
Fire Extinguishers			Resuscitator/Inhalator		
Add other specific information, if needed, or attach additional instructions or requirements. See the following examples:					
Lines to be Bled/Blanked:					
Ventilation Equipment Monitor:					
PPE Clothing:					
Respirator(s):					
Fire Extinguisher(s):					
Emergency Retrieval Equipment:					

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AIR MONITORING								
Substance Monitored	Monitoring Results Location and Time of Testing							
	LOCATION	TIME	TIME	TIME	TIME	TIME	TIME	TIME
Oxygen: 19.5% to 22.5%								
Combustibles < 10% of LEL								
Carbon Monoxide (CO)								
Hydrogen Sulfide (H2S)								
Air Tester Name	ID#	Instrument(s) Used <i>(For example: oxygen meter, combustible gas indicator, etc.)</i>		Model # or Type		Serial# or Unit		
ATTENDANTS AND ENTRANTS								
Confined Space Attendant	ID#	Confined Space Entrant(s)					ID#	
REMARKS:								
NOTIFICATIONS								
<input type="checkbox"/> StFX Management notified <input type="checkbox"/> Security notified								
AUTHORIZATION - ALL CONDITIONS SATISFIED								
Designated Competent Person:	PRINT				SIGN			
Permit Expiry (no more than 24 hours):								
EMERGENCY CONTACT PHONE NUMBERS								
SECURITY: 902-867-4444					RADIO:			