

Confined Space Entry Permit

Safe Work Permit Attachment

Date:	Location/Unit:	Equipment/Line ID:	Safe Work Permit #:
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Hazard Assessment (Check box if applicable)	
Identify Atmospheric Hazards (check box)	Method for Controlling or Elimination of Hazard
<input type="checkbox"/> Oxygen deficient (O ₂ < 19.5%)	
<input type="checkbox"/> Oxygen enriched (O ₂ > 23.5%)	
<input type="checkbox"/> Combustible atmosphere (LEL > 10%)	
<input type="checkbox"/> Toxic (H ₂ S > 10PPM)	
<input type="checkbox"/> Toxic (CO > 35 PPM)	
<input type="checkbox"/> Placement of adjacent equipment	
<input type="checkbox"/> Other:	
Identify Physical Hazards (check box)	Method for Controlling or Elimination of Hazard
<input type="checkbox"/> Engulfment potential (contains flowable solids or liquids that could surround and trap entrant)	
<input type="checkbox"/> Entrapment / Entanglement (tower with trays, sloped/tapered floors)	
<input type="checkbox"/> Mechanical (motors, gears, moving parts, pneumatic or hydraulic pressure)	
<input type="checkbox"/> Trip, slip or fall hazards (slippery surfaces, protruding parts)	
<input type="checkbox"/> Energized electrical hazards	
<input type="checkbox"/> High noise	
<input type="checkbox"/> Extreme temperatures / ambient > 105-degree F	
<input type="checkbox"/> Connected pipes, lines, tunnels, etc.	
<input type="checkbox"/> Poor lighting / visibility	
<input type="checkbox"/> Other:	
Identify Physical Hazards (check box)	Method for Controlling or Elimination of Hazard
<input type="checkbox"/> Floating roof collapse	
<input type="checkbox"/> Product in pontoons, gauge poles, sumps, roof legs, and other appurtenances	

Attendant
Method(s) of Communication <input type="checkbox"/> Visual <input type="checkbox"/> Verbal <input type="checkbox"/> Radio <input type="checkbox"/> Audible Signal
What to look for...
Oxygen Deficiency - gradual confusion, slurred speech,, balance/coordination problems, excessive yawning, headache, nausea or difficulty breathing.
Toxicity - sudden throat or eye irritation and sudden nasal congestion.

Additional Safety Precautions
List any additional PPE requirements on the Safe Work Permit.
<input type="checkbox"/> "Danger" sign posted at the entry point of the confined space.
Special Instructions:

Rescue Information
Rescue team/organization:
Method of contact:
<input type="checkbox"/> Rescue WW-plan available? (required for third-party services)
<input type="checkbox"/> Rescue team availability verified
<input type="checkbox"/> Rescue team notified
<input type="checkbox"/> Yes <input type="checkbox"/> No Non-entry retrieval system required? (e.g. Harness with attached lifeline and/or tripod with retractable winch. Mechanical device will be used for vertical entries greater than 5ft.

Post-Entry Debrief
<input type="checkbox"/> Yes <input type="checkbox"/> No Were any hazards created or confronted during the entry? If yes, explain:
Explanation:

Approvals		
Title	Print Name	Signature
Authorized Representative:		
Supervisor:		

Comments:	

**** Confined Space Permit valid only when used in conjunction with Safe Work Permit ****

