



EXAMPLE CONFINED SPACE ENTRY PERMIT FORM

Entry Date: ____/____/____; Job Start Time: _____; Job Completion Time: _____

Description of Work to be Performed:

PERMIT IS VALID FOR 8 HRS OR UNTIL JOB COMPLETION TIME, WHICHEVER COMES FIRST

| Confined Space ID | Description of Space | Classification |
|-------------------|----------------------|------------------------|
| | | <i>Permit Required</i> |

| Building/Area | Building Name/Address | Location of Confined Space |
|---------------|-----------------------|----------------------------|
| | | |

Entry Checklist

- Potential Hazards Identified? Yes No
- Rescue Team on Stand-By (where entry rescue required)? Yes No
- Pre-Task Plan Approved and Reviewed? Yes No
- Entrants and Attendants Trained? Yes No
- Area Secured? Yes No

| | |
|---|---------|
| Major Hazards Identified: (Atmospheric, Engulfment, Entrapment by Configuration, etc.) | |
| 1 _____ | 5 _____ |
| 2 _____ | 6 _____ |
| 3 _____ | 7 _____ |
| 4 _____ | 8 _____ |

| |
|---|
| <p>Authorization</p> <p>For any emergency or unacceptable entry condition, contact 911 and then Campus Services Emergency Operations Center at (617)495-5560. The Project Safety Manager should also be notified.</p> <p>We have reviewed the work authorized by this permit and the information contained here-in. Written instructions and safety procedures have been reviewed and are understood. All requirements for entry were met including the verification of acceptable entry conditions and the use of required PPE and entry equipment.</p> <p>Entrant's Name: _____; Signature: _____; Date: _____</p> <p>Attendant's Name: _____; Signature: _____; Date: _____</p> <p>Entry Supervisor's: _____; Signature: _____; Date: _____</p> |
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Initial Air Monitoring Results Prior to Entry

Acceptable Entry Conditions:

- All hazards identified and controlled
- O₂ 20.5% - 23.5%
- H₂S < 5 ppm
- LEL < 2%
- CO < 17 ppm

Monitor Type: _____; Serial Number: _____

Time: _____ Oxygen: _____% LEL: _____% CO: _____% H₂S: _____%

Calibration Performed? YES NO; Initials: _____ Notes: _____

Prohibited Conditions? YES NO; Describe: _____

Monitoring Performed By (sign): _____;

Date: _____; Time: _____

Continuous OR Periodic Air Monitoring Results

Time: _____ Oxygen: _____% LEL: _____% CO: _____% H₂S: _____%

Time: _____ Oxygen: _____% LEL: _____% CO: _____% H₂S: _____%

Time: _____ Oxygen: _____% LEL: _____% CO: _____% H₂S: _____%

Time: _____ Oxygen: _____% LEL: _____% CO: _____% H₂S: _____%

Time: _____ Oxygen: _____% LEL: _____% CO: _____% H₂S: _____%

Time: _____ Oxygen: _____% LEL: _____% CO: _____% H₂S: _____%

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Time: _____ Oxygen: _____% LEL: _____% CO: _____% H₂S: _____%

Time: _____ Oxygen: _____% LEL: _____% CO: _____% H₂S: _____%

Time: _____ Oxygen: _____% LEL: _____% CO: _____% H₂S: _____%

Time: _____ Oxygen: _____% LEL: _____% CO: _____% H₂S: _____%

Confined Space Equipment and PPE Used During Entry

- Harness/Tripod
- Eye Protection
- Hearing Protection
- Hard Hat
- Other:
- Gloves
- Light
- GFI
- Communication (i.e., 2-Way Radio)

Additional Safety Equipment

- Respirator: (Type) _____
- Tripod and Hoist (Vertical Entries)
- Lifeline (Horizontal Entries)
- Other:
- Chemical Protective Clothing
- Fire Extinguisher
- Mechanical Forced Air Ventilation