

Confined Space Entry Permit

Part 1: Hazard Evaluation

Instructions: Complete the Hazard Evaluation when hazards within a confined space are unknown or whenever a permit is required for entry.

Date of evaluation:	Confined space name or number:		
Evaluation completed by:			
Location/description of space (e.g., site, area, room):			
Is the space a confined space? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If the answers to questions 1, 2, and 3 are "YES," then the space is a confined space. If YES, complete Parts 2 and 3. If NO, consult other applicable OSHA standards and guidelines.)</i>	1. The space can be entered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	2. The space has limited or restricted entry and exit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	3. The space is not designed for continuous human occupancy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Hazards or Potential Hazards	Methods to Control or Eliminate Hazard
Atmospheric <input type="checkbox"/> Oxygen deficiency (<19.5%) <input type="checkbox"/> Oxygen enrichment (>23.5%) <input type="checkbox"/> Combustible gas, vapor <input type="checkbox"/> Toxic gas, vapor <input type="checkbox"/> Other: _____	Control: <input type="checkbox"/> Continuous ventilation <input type="checkbox"/> Continuous air monitoring <input type="checkbox"/> Other: _____
Engulfment/Entrapment <input type="checkbox"/> Pipes, ducts where material (e.g. sand, grain, water) can enter space and engulf worker <input type="checkbox"/> Inwardly converging walls <input type="checkbox"/> Sloping floors <input type="checkbox"/> Stability/structural integrity concerns <input type="checkbox"/> Other: _____	Control: <input type="checkbox"/> Fall Protection <input type="checkbox"/> Other: _____ Elimination: <input type="checkbox"/> Completely remove existing material <input type="checkbox"/> Lockout/Tagout to isolate space from material that could enter <input type="checkbox"/> Temporary, secure floor to prevent entrapment <input type="checkbox"/> Other: _____
Hazardous Energy <input type="checkbox"/> Mechanical/electrical <input type="checkbox"/> Hydraulic <input type="checkbox"/> Steam <input type="checkbox"/> Compressed air <input type="checkbox"/> Other: _____	Control: <input type="checkbox"/> Lockout/tagout or other method to prevent exposure to energy <i>after</i> entering space <input type="checkbox"/> Other: _____ Elimination: <input type="checkbox"/> Lockout/tagout of all hazardous energy <i>prior</i> to entering space <input type="checkbox"/> Other: _____

Environment <input type="checkbox"/> Extreme temperatures (hot or cold) <input type="checkbox"/> Limited visibility/inadequate lighting <input type="checkbox"/> Other: _____	Control: <input type="checkbox"/> Continuous ventilation <input type="checkbox"/> Lighting <input type="checkbox"/> Other: _____ Elimination: <input type="checkbox"/> Lockout/tagout source of temperature extreme <input type="checkbox"/> Other: _____	
Other hazards: <input type="checkbox"/> Animals <input type="checkbox"/> Biological material <input type="checkbox"/> Falling objects <input type="checkbox"/> Unauthorized entry <input type="checkbox"/> Other: _____	Control: <input type="checkbox"/> Personal protective equipment <input type="checkbox"/> Barriers/temporary guardrails to prevent unauthorized entry <input type="checkbox"/> Other: _____ Elimination: <input type="checkbox"/> Removal of hazard prior to entry <input type="checkbox"/> Other: _____	
Hazards introduced by planned work: <input type="checkbox"/> Hot work (welding/cutting/brazing) <input type="checkbox"/> Compressed gases that could displace oxygen <input type="checkbox"/> Other _____	Control: <input type="checkbox"/> Personal protective equipment <input type="checkbox"/> Fire extinguishers <input type="checkbox"/> Continuous ventilation <input type="checkbox"/> Respirator <input type="checkbox"/> Other _____	
PPE: <input type="checkbox"/> Respirator <input type="checkbox"/> Gloves <input type="checkbox"/> Coveralls <input type="checkbox"/> Ear plugs/muffs <input type="checkbox"/> Safety glasses <input type="checkbox"/> Hard hat <input type="checkbox"/> Other: _____	Plans: <input type="checkbox"/> Hot work plan <input type="checkbox"/> Fall protection plan <input type="checkbox"/> Lockout/tagout procedure <input type="checkbox"/> Other: _____	Equipment/PPE: <input type="checkbox"/> Air monitor <input type="checkbox"/> Ventilation blower <input type="checkbox"/> Tripod/wench <input type="checkbox"/> Safety harness/lanyard <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Other: _____

If any atmospheric, engulfment/entrapment, hazardous energy, or serious environmental hazards were identified that could cause serious injury then the space is a permit-required confined space. Proceed to Part 2.

Part 2: Reclassification or Alternate Entry Procedures

- A. Reclassification: Can all the identified hazards be eliminated (not controlled) prior to entry?
 - a. If yes, complete the Reclassification Form to allow for temporary reclassification of the space. A permit does not need to be completed.
 - b. If no, proceed to B.
- B. Alternate Entry Procedures: Is the *only* hazard an atmospheric hazard that can be controlled through air monitoring and continuous forced ventilation?
 - a. If yes, follow the procedures for alternate entry in Part 3.
 - b. If no, complete all sections in Part 3 and Part 1.

Part 3: Alternate Entry and Confined Space Permit Procedures

Instructions:

Complete sections A and B if electing to follow alternate entry procedures. Alternate entry procedures can only be utilized if the only actual or potential hazard in the space is atmospheric and this hazard can be controlled through continuous forced air ventilation. If readings should at any time exceed allowable limit, or if a new hazard is discovered, remove all employees immediately and prohibit entry until the space can be re-evaluated.

Complete sections A, B, and C for permit-required confined space entries including Part 1. Hazard Evaluation. This page, along with Part 1, will serve as your entry permit. The permit must be posted outside the permitted space during entry.

A. General Information						
Location _____			Entry Date _____			
Entry Purpose _____						
Entrant(s) _____						
Entrant Supervisor _____						
B. Atmospheric Testing						
Time	Oxygen (19.5%-23.5% for entry)	Combustible Gas (<10% LEL for entry)	Carbon Monoxide (<35 ppm for entry)	Hydrogen Sulfide <10 ppm for entry)	Other: _____	Tester's Initials
Pre- Ventilation _____						
Entry _____						
Exit						

C. Additional Requirements for Permit-Required Entry

Attendant(s) _____

Communication (how will entrants communicate with attendants) _____

Names/telephone numbers of Rescue Services (how will entrants be rescued in event of emergency. 911 cannot be relied upon for retrieval)

Supervisor Authorization: Name: _____ Phone: _____

Signature: _____ Date: _____

Permit Cancellation: Name: _____ Date: _____