



Confined Space Entry Permit

A. DESCRIPTION OF CONFINED SPACE

Project Name:	Date:	Project Number:
Project Constructor:	Time Start:	
Name of Supervisor:	Time Finished:	
Location of confined space (or spaces if they are similar)	Did you use the "Confined Space Evaluation- Part 1" ? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", attach Part 1 to this Permit	

Are there workers from more than one employer performing work in the same confined space or performing related work in or near the space? Yes No

If "Yes", then as Constructor you must complete the "Coordination Document" (Part 4).

If "No", then prior to entering confined space, give all confined space documents to the Constructor so they can coordinate work

Work activity: Hot Work Cold Work Inspection If Hot Work, complete Section C (1) also.

Provide a brief description of work to be performed inside the confined space:

B. HAZARD ASSESSMENT (person completing must have adequate knowledge, training and experience)

Physical / Chemical Hazards

	Hazard Controls (all that apply)	PPE (all that apply)
Falls from heights <input type="checkbox"/>	Fall protection, barriers <input type="checkbox"/>	Fall protection <input type="checkbox"/>
Noise/vibration <input type="checkbox"/>	De-energize, Lockout/ tagout <input type="checkbox"/>	Hearing protection <input type="checkbox"/>
Cold/Heat stress <input type="checkbox"/>	PPE <input type="checkbox"/>	Eye protection <input type="checkbox"/>
Vehicle traffic <input type="checkbox"/>	Ventilation <input type="checkbox"/>	Gloves <input type="checkbox"/>
Electrical energy <input type="checkbox"/>	Traffic control, signs, barriers <input type="checkbox"/>	Other: <input type="checkbox"/>
Free flowing material <input type="checkbox"/>	GFCI's <input type="checkbox"/>	
Water, drowning hazard <input type="checkbox"/>	Rescue equipment <input type="checkbox"/>	
Moving machinery <input type="checkbox"/>	Other: <input type="checkbox"/>	
Asbestos <input type="checkbox"/>		
Biological (sewage, animal etc) <input type="checkbox"/>		
Chemical products <input type="checkbox"/>		

Atmospheric Hazards- due to its construction, location, contents or due to the work performed

Is there potential for atmospheric hazards within the confined space?

	Hazard Controls (all that apply)	PPE (all that apply)
Oxygen deficient/enrichment <input type="checkbox"/>	Purge and ventilate w/ mechanical <input type="checkbox"/>	Respirator <input type="checkbox"/>
Flammable/combustible agents <input type="checkbox"/>	equipment that is equipped with a warning <input type="checkbox"/>	Gloves <input type="checkbox"/>
Explosive agents <input type="checkbox"/>	device in case of failure <input type="checkbox"/>	Coveralls <input type="checkbox"/>
Toxic atmospheres <input type="checkbox"/>	Continuous monitoring <input type="checkbox"/>	Eye protection <input type="checkbox"/>
Carbon monoxide <input type="checkbox"/>	Natural ventilation <input type="checkbox"/>	Other: <input type="checkbox"/>
Other: <input type="checkbox"/>	Inerting <input type="checkbox"/>	
	Hot work/Fire prevention procedures <input type="checkbox"/>	
	Other: <input type="checkbox"/>	

Name of qualified person completing assessment:	Signature:
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C. ATMOSPHERIC TESTING (person completing must have adequate knowledge, training and experience)

Gas monitor serial#	Last calibration date (within 30 days)?
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Bump test pass? Yes No If "No", it must be calibrated. Do not use if bump test fails.

Levels	Oxygen (O₂) 19.5% - 23%	Lower Explosive Limit (LEL) Less than 25% for inspection Less than 10% for cold work Less than 5% for hot work	Carbon Monoxide (CO) TWA 25ppm, STEL 100ppm	Hydrogen Sulphide (H₂S) TWA 10ppm, STEL 15ppm
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(1) Is HOT WORK being conducted? Yes No **If "Yes", all items below must be checked and followed**

Flammable gases / LEL is maintained below 5% LEL

O₂ levels remain below 23%

Atmosphere is monitored continuously and;

Alarm and exit procedures are in place should the LEL exceed 5% or the O₂ exceed 23%

Location # 1						Location # 2					
Time	Acceptable Y/N ?	O ₂	LEL	CO	H ₂ S	Time	Acceptable Y/N ?	O ₂	LEL	CO	H ₂ S

If atmospheric testing is "No" for acceptable levels, indicate actions taken:

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Location # 3						Location # 4					
Time	Acceptable Y/N ?	O ₂	LEL	CO	H ₂ S	Time	Acceptable Y/N ?	O ₂	LEL	CO	H ₂ S

If atmospheric testing is "No" for acceptable levels, indicate actions taken:

Name of qualified tester: _____ Signature: _____

D. DUTIES OF EMPLOYEES - ATTENDANT (must have adequate knowledge, training and experience)

Name: _____ Signature: _____

An attendant is trained in the hazards of confined spaces and their primary responsibility is to monitor and assist entrants

TRAINING and INSTRUCTION: all must be checked

- Received confined space training?
- Reviewed and understand the confined space plan and entry permit?
- Assigned and stationed outside confined space?
- Instructed not to enter confined space?
- Will prevent unathorized entry?
- Trained in the use of gas monitor and rescue equipment (ie. Tripod, SRL)

COMMUNICATIONS- Means of constant communication with entrant: check all that apply

- Visual
- Verbal
- Two-way radio
- Lifeline attached to harness

EMERGENCY RESCUE REQUIREMENTS: check to confirm

- The "On-Site Rescue Plan" must be completed

E. DUTIES OF EMPLOYEES - ENTRANTS (must have adequate knowledge, training and experience)

1. Name:	Signature:	2. Name:	Signature:
all must be checked		all must be checked	
Has confined space training?	<input type="checkbox"/>	Has confined space training?	<input type="checkbox"/>
Trained in the entry plan and permit?	<input type="checkbox"/>	Trained in the entry plan and permit?	<input type="checkbox"/>
Suitable PPE for the task?	<input type="checkbox"/>	Suitable PPE for the task?	<input type="checkbox"/>
Harness has been inspected?	<input type="checkbox"/>	Harness has been inspected?	<input type="checkbox"/>
Trained in the use of gas monitor and rescue equipment (ie. Tripod, SRL)?	<input type="checkbox"/>	Trained in the use of gas monitor and rescue equipment (ie. Tripod, SRL)?	<input type="checkbox"/>
Will immediately exit confined space upon alarm or if ordered by attendant?	<input type="checkbox"/>	Will immediately exit confined space upon alarm or if ordered by attendant?	<input type="checkbox"/>

ENTRANTS LOG

Location # 1		Time		Location # 2		Time	
Name:	Initial	In	Out	Name:	Initial	In	Out
Location # 3		Time		Location # 4		Time	
Name:	Initial	In	Out	Name:	Initial	In	Out

F. DUTIES OF EMPLOYEES - COMPETENT PERSON (SUPERVISOR)

I have reviewed and verify that the Confined Space Entry Permit is acceptable to use for entry into the designated confined spaces. This permit will be readily available to all required workers. Permits will be reviewed prior to the start of each shift and before each initial entry.

Supervisor Name:	Signature:
Date:	Time: