CONFINED SPACE ENTRY PERMIT

1. Job Information

Job Title			
Work Description			
Work Location		**Department / Area**	
Equipment / Asset			
Planned Start Date & Time		**Planned Finish Date & Time**	

2. Personnel Involved

Role	Name	Signature
Requestor		
Super visor		
Permit Issuer		
Safety Representative		

3. Risk Assessment

☐ Risk Assessment Completed ☐ Toolbox Talk Conducted ☐ Work Area Reviewed

Comments:

4. Permit-Specific Safety Checklist (Confined Space Entry)

☐ Atmospheric testing completed (O2, LEL, Toxic) and recorded

☐ Positive ventilation/purging established and continuously running

☐ Space isolated from hazardous energy (LOTO, lines blinded/disconnected)

☐ Standby Person (Hole Watch) appointed and stationed at entrance

☐ Communication method agreed between entrant and Standby Person

☐ Rescue plan established and rescue equipment (tripod/winch) in place

☐ Intrinsically safe lighting and equipment utilized

☐ Entry time limits and rotation schedules established

5. Required PPE

☐ Safety Helmet / Hard Hat ☐ Respiratory Protection (SCBA/ Airline) ☐ Full Body Harness (for rescue)

☐ Safety Glasses / Goggles ☐ Protective Footwear (Steel-toed) ☐ Personal Gas Monitor

6. Additional Notes

Supervisor instructions, restrictions, or special precautions

7. Work Completion

- ☐ Work completed
- ☐ Area cleaned
- ☐ Equipment returned to safe condition
- ☐ Temporary controls removed
- ☐ Area handed back

8. Authorization

Role	Name	Signature	Date
Permit Issuer			
Super visor			
Safety Representative			