



Confined Space Entry Permit

Date	Permit Number	Work Order Number
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Space Number to Enter _____

Entry Supervisor _____

Location and Type of Space (e.g. vault, manhole, etc.) _____

Attendant(s) _____

Purpose of Entry _____

Authorized Entrant(s) _____

Will Contractors make this Entry? Yes No

Has each employee above been trained? Yes No

If yes, the contractor must have a Confined Space Entry Program before entry.

Check the box for each PHYSICAL hazard present in the space.

Check the box for each ATMOSPHERIC hazard present in the space.

- Converging Walls
- Electrical Shock
- Engulfment
- Hazardous Material
- Heat Stress
- Mechanical Hazard
- Other: _____

- Low Oxygen (<19.5%)
- High Oxygen (>23.5%)
- Flammable gases (>10% LEL)
- Toxic gases (> PEL)
- Carbon monoxide (>35 ppm)
- Hydrogen sulfide (>10 ppm)
- Other: _____

Will HOT WORK be performed in the space? Yes No

If yes, a Hot Work Permit will be required in addition to this Confined Space Permit.

Will any PHYSICAL hazard be eliminated before entry (e.g. Lockout/Tagout)? Yes No

If yes, use Reclassification Form.

Check the box for each step completed BEFORE ENTRY.

List EQUIPMENT needed to complete entry.

- Notify affected department(s)
- Ensure proper equipment (PPE, Rescue, etc.) is available
- Monitor space for atmospheric hazards (record below)
- Conduct pre-entry briefing on specific hazard and control methods
- Other: _____

- Personal Protective Equipment _____
- Communication Equipment
- voice radio sight other: _____

ATMOSPHERIC TESTING (Record results every 30 minutes) Test Equipment Used: _____

Gas	Acceptable Conditions	Pre-Entry Results	Time: Initials:	Time: Initials:	Time: Initials:	Time: Initials:
Oxygen (O2)	19.5% to 23.5%					
Flammability	<10% LEL					
H2S	<10 ppm					
CO	<25 ppm					
Heat						

NEVER ENTER A CONFINED SPACE TO ATTEMPT A RESCUE.

Use the following non-entry rescue equipment.

- Tripod Body harness and line
- Contact Combined Communications Center
Phone Number: 702-229-0291

In the event of an emergency, call 9-1-1.

Entry Time: Start: _____ to Stop: _____

I certify that all precautions for a safe entry have been taken and all necessary safety equipment have been provided:

Signature of Entry Supervisor