



CRANE SERVICE

CONFINED SPACE ENTRY PERMIT

Date and time issued:				
Job site/space I.D.:				
Equipment to be worked on:				
Standby personnel:				
Date and time expires:				
Job supervisor:				
Work to be performed:				
Source isolation (No Entry):	N/A	Yes	No	
Pumps or lines blinded, disconnected, or blocked:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation modification:	N/A	Yes	No	
Mechanical:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Natural Ventilation only:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Atmospheric check after isolation and ventilation:				
Oxygen:	_____ %	>19.5%		
Explosive:	_____ % L.F.M.	<10%		
Toxic:	_____ PPM	<10PPM H ₂ S		
Time:	_____			
Tester's signature:	_____			
Air Tester Name	ID#	Instrument(s) Used	Model #	Serial# or Unit
6. Communication procedures:				

Please Return to Safety Office when complete



7. Rescue procedures:

8. Entry standby and backup persons successfully completed required training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is it current?	<input type="checkbox"/>	<input type="checkbox"/>

9. Equipment:	N/A	Yes	No
Direct reading gas monitor-tested:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety harnesses and lifelines for entry and standby persons:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoisting equipment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Powered communications:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCBA's or SAR for entry and standby persons:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protective clothing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All electric equipment listed: Class I, Division I, Group D and non-sparking tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Periodic atmospheric tests:

Oxygen _____% Time _____	Oxygen _____% Time _____
Oxygen _____% Time _____	Oxygen _____% Time _____
Explosive _____% Time _____	Explosive _____% Time _____
Explosive _____% Time _____	Explosive _____% Time _____
Toxic _____% Time _____	Toxic _____% Time _____
Toxic _____% Time _____	Toxic _____% Time _____

We have reviewed the work authorized by this permit and the information contained here. Written instruction and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked in the "No" column. This permit not valid unless all appropriate items are completed.

Permit prepared by: _____
Entry Supervisor

Approved by: _____
Unit Supervisor

This permit is to be kept at the job site. Return this job site copy to the unit supervisor following job completion.

Entrants Name	Sign in	Sign out	Sign in	Sign out

Please Return to Safety Office when complete