

FOB-EHS-002-A

CONFINED SPACE ENTRY PERMIT

Post at Point of Entry

Space to be Entered: _____
Location / Department: _____

Purpose of Entry: _____
Date: _____

Time Permit Begins: _____
Time Permit Ends: _____
Permit is Voided Outside of These Times

Permit Space Hazards (check all that apply)

- Oxygen deficiency (<19.5%)
- Oxygen enrichment (>23.5%)
- Electrical shock
- Flammable gasses or vapors (>10% LEL/LFL)

- Airborne combustible dust (<5 ft visibility)
- Toxic gasses or vapors (>PEL, TLV)
(specify) _____
- Material harmful to skin
(specify) _____

- Engulfment
- Mechanical hazards
(specify) _____
- Other (specify) _____

Preparation for Entry (check after procedure completed)

- Notification of affected department of service interruption
- Isolation Methods
- Lockout/Tagout

- Blank/Blind
- Purge/Clean
- Inert (creates O₂ deficiency)

- Ventilation
- Barriers
- Other (specify) _____

Personnel Awareness

- Pre-entry briefing on specific hazards and control methods
- Notify contractors of permit conditions and hazards

- Other (specify) _____

Rescue Team Notified

- Team Leader: _____
- Means of Rescue _____

- Means of Summoning: _____

Additional Permits Required and Attached

- Hot Work
- Line Breaking
- Other (specify) _____

Atmospheric Testing

Sampling Equipment Type: _____	Serial No: _____	Date Calibrated: _____	Time: _____
O ₂ Level (19.5%<O ₂ <23.5%)	_____	_____	_____
Flammability (<10% LEL/LFL)	_____	_____	_____
H ₂ S (<10.0 ppm)	_____	_____	_____
CO (35 ppm)	_____	_____	_____
Other (specify)	_____	_____	_____
Tester Initials	_____	_____	_____

Equipment Required for Entry and Work (specify)

- Personal Protective Equipment: _____
- Respiratory Protection: _____
- Rescue Equipment: _____
- Other: _____

Communication Procedure for entrants and attendants: _____

Roster Attached

Authorized Entrants: _____ Authorized Attendants: _____

Authorized Entry Supervisor: Name: _____ Signature: _____ Date: _____ Time: _____

I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in this confined space.

This has been certified at the point of entry to the Confined Space.

- Has this entry been added to the Confined Space Permit Log?
- Additional information has been provided and is attached to this permit.