Confined Space Permit	Control Number:
Revision Date: 11/19/25	Revision Number: 2
Revised By: Ligia Pascual	Owner: Safety

Confined Space Permit

To be filled out by confined space Supervisor in presence of crew

PERMIT VALID FOR 8 HOURS ONLY. ALL PERMIT COPIES MUST REMAIN AT THE SITE UNTIL JOB IS COMPLETED.		
Date:	Site location /description:	
Purpose of entry:		
Lead(s) in Charge of Crew:	Number in Crew:	Telephone #

Mark (Y) if the following items are required for the Confined Space Entry
Note: For Items that do not apply, enter (N) in the blank.

REQUIREMENTS COMPLETED	Y/N	TIME	REQUIREMENTS COMPLETED	Y/N	TIME
Secure Area (Post and Flag)			Full Body Harness w/"D" Ring		
Breathing Apparatus (Respirator)(Supplied Air)			Emergency Escape Retrieval Equipment		
AED/First Aid Kit			Lifelines		
Standby Safety Personnel			Lighting (Explosive proof)		
Hot Works Permit			Protective Clothing (boots, gloves, hard hat, clothing)		
Fire Extinguishers			Additional:		

Continuous Monitoring or Periodic Monitoring Frequency:
❑ Every Hour ❑ Return Entry – Every 10 Minutes for first half hour, then every hour until complete

Section 1 - LOTO

1. Does the Confined Space have Lockout/Tagout, and if so has it been closed:

	N/A	Yes	No
Have component specific steps been reviewed:	❑	❑	❑
Has permit been completed:	❑	❑	❑

Section 2 - Ventilation

2. Is ventilation required:

	N/A	Yes	No
Mechanical: i.e. fan or blower	❑	❑	❑
Natural Ventilation only:	❑	❑	❑

Permit must be posted at site of Confined Space Entry

Section 3 – Engulfment/Entrapment

3. Does the Confined Space have engulfment/entrapment hazards:

Engulfment = being surrounded and captured by a substance like dirt, gravel, or sand
Entrapment = A space where the walls close in or the floor slopes down to a narrow point, making it possible for someone to get trapped or run out of air

	N/A	Yes	No
Engulfment/Entrapment hazards	❑	❑	❑

If so, what it being done to mitigate those hazards: _____
_____
_____

Section 4 – Communication

4. Communication procedures between Attendants, Entrants and Supervisor: ☐ Radio ☐ Verbal ☐ Other
_____
_____
_____

Section 5 - Rescue

5. Rescue Procedures: (self-rescue; Primary, Fire Department Secondary, include other rescue procedures)
_____
_____
_____

Section 6 - Training

6. Entry Attendant and backup persons successfully completed required training? (if training is not current, employee cannot perform Entry, Attendant or Supervisor duties)	Yes ❑	No ❑

Section 7 – Equipment Inspection

7. Equipment and Equipment Inspection:	N/A	Yes	No
Air/Gas monitor-bump tested:	❑	❑	❑
Air/Gas monitor calibrated:	❑	❑	❑
Safety harnesses and lifelines for entry and standby persons have been inspected	❑	❑	❑
Hoisting equipment have been inspected:	❑	❑	❑
Powered communications function tested:	❑	❑	❑
Protective clothing: List all PPE _____ _____	❑	❑	❑

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. This permit is not valid unless all sections are completed.

Permit prepared by (Print Name & Sign): _____
Confined Space Lead

AT THE COMPLETION OF THE 8 HR. PERMIT, site copy must be returned to the unit supervisor.

To be filled out by confined space Entry Attendant

Section 8

7. Initial Atmospheric Checks: Time (this is the start time of permit): ________________

O_2 ___________% LEL ___________% H_2S ___________ PPM CO ___________PPM

19.5 – 23.5 % <10% 0 PPM <35 PPM

Tester's Name (Print): _______________________ Tester's Signature: __________________________

Section 9

8. Atmospheric Checks after isolation and ventilation *(Only if checked yes to section 1):* Time: ________________

O_2 ___________% LEL ___________% H_2S ___________ PPM CO ___________PPM

19.5 – 23.5 % <10% 0 PPM <35 PPM

Tester's Name (Print): _______________________ Tester's Signature: __________________________

Section 10

9. Sign In- All crew members had an opportunity to observe testing / review permit ☐ Yes ☐ No

Attendant Name	Sign in	Sign out	Sign in	Sign out
Entrant Name	Sign in	Sign out	Sign in	Sign out
Supervisor Name	Sign in	Sign out	Sign in	Sign out

Section 11 – Periodic Checks

10. Periodic atmospheric tests: First check will be done immediately prior to entry.

O_2 19.5 – 23.5 % LEL <10 % H_2S 0 PPM CO <35 PPM

O_2 ___________% LEL ___________% H_2S ___________ PPM CO ___________PPM Time: __________

O_2 ___________% LEL ___________% H_2S ___________ PPM CO ___________PPM Time: __________

O_2 ___________% LEL ___________% H_2S ___________ PPM CO ___________PPM Time: __________

O_2 ___________% LEL ___________% H_2S ___________ PPM CO ___________PPM Time: __________

O_2 ___________% LEL ___________% H_2S ___________ PPM CO ___________PPM Time: __________

O_2 ___________% LEL ___________% H_2S ___________ PPM CO ___________PPM Time: __________

O_2 ___________% LEL ___________% H_2S ___________ PPM CO ___________PPM Time: __________

O_2 ___________% LEL ___________% H_2S ___________ PPM CO ___________PPM Time: __________

O_2 ___________% LEL ___________% H_2S ___________ PPM CO ___________PPM Time: __________

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