

Location of work _____

Description of work _____

CONTROL MEASURES

ISOLATION

(if required)

Identify location / method

Electricity _____

Gas _____

Water _____

Moving Equipment / Machinery _____

Other _____

Locks and/or tags have been affixed to isolation points Yes No

ATMOSPHERE

The atmosphere in the confined space has been tested.

Results of tests

Oxygen _____ %

Flammable gases _____ % LEL

_____ % LEL

Other gases _____ ppm (less than _____ ppm)

_____ ppm (less than _____ ppm)

Other airborne contaminants _____

The conditions for entry are as marked below:

1. With supplied air breathing apparatus Yes No
2. Without respiratory protection Yes No
3. With escape unit Yes No

Confined Space Entry Permit

HOT WORK

(if required)

Area is clear of all combustibles including atmosphere

Yes

No

Type of fire prevention equipment available _____

Suitable access and exit available

Yes

No

Hot work is permitted

Yes

No

PERSONAL PROTECTIVE EQUIPMENT

Identify required safety equipment:

Respiratory protection _____

Harness / lifelines _____

Eye protection _____

Hand protection _____

Footwear _____

Protective clothing _____

Hearing protection _____

Safety Helmet _____

Communication equipment _____

Other _____

OTHER PRECAUTIONS

Warning notices / barricades

Yes

No

All persons have been trained

Yes

No

Is continual monitoring required

Yes

No

EMERGENCY RESPONSE

Procedures / Equipment

STANDBY PERSON

Standby person requirements

AUTHORITY TO ENTER

The control measures and precautions appropriate for the safe entry and execution of the work in the confined space have been implemented and persons required to work in the confined space have been advised of and understand the requirements of this written authority.

Signed (person in direct control)

Date: _____

Time _____

This written authority is valid until

Date: _____

Time _____

