

CONFINED SPACES ENTRY PERMIT

1. ENTRY PERMIT
 MASTER ENTRY PLAN

2. GENERAL INFORMATION

LOCATION AND DESCRIPTION OF SPACE TO BE ENTERED:

PURPOSE OF ENTRY:

OPERATION COVERED BY T.O. OR OI

AUTHORIZED DURATION OF PERMIT: DATE: _____
 TIME: _____ TO: _____

3. PERMIT SPACE HAZARDS (Indicate probable hazards)

<input type="checkbox"/>	OXYGEN DEFICIENCY (less than 19.5%)	<input type="checkbox"/>	ENGULFMENT
<input type="checkbox"/>	OXYGEN ENRICHMENT (greater than 23.5%)	<input type="checkbox"/>	MECHANICAL HAZARDS
<input type="checkbox"/>	FLAMMABLE GASES OR VAPORS (greater than 10% LEL)	<input type="checkbox"/>	ELECTRICAL SHOCK
<input type="checkbox"/>	AIRBORNE COMBUSTIBLE DUST (= or exceeds LEL) OR OBSCURES VISION AT DISTANCE OF 5- FEET (1.52m)	<input type="checkbox"/>	OTHER
<input type="checkbox"/>	MATERIALS HARMFUL TO SKIN	<input type="checkbox"/>	

4. EQUIPMENT REQUIRED FOR ENTRY AND WORK (Specify items required)

PERSONAL PROTECTIVE EQUIPMENT:

RESPIRATORY PROTECTION:

ATMOSPHERIC TESTING/MONITORING:

COMMUNICATION:

RESCUE EQUIPMENT:

OTHER:

5. RESCUE AND EMERGENCY SERVICE

NAME OF SERVICE	PHONE NUMBER	METHOD OF CONTACT

6. AUTHORIZED

ATTENDANTS		ENTRANTS	
RANK	NAME (Last, First MI)	RANK	NAME (Last, First MI)

SEE BACK FOR TESTING RECORD/ENTRY PREPARATION

This permit must be available on job site during entry. GOOD ONLY FOR TIMES INDICATED.

Maintain job site copy on file in work center for one year.

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About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

7. PREPARATION FOR ENTRY

PREPARATIONS		VENTILATION METHODS	
<input type="checkbox"/> Notification of service interruption to affected areas.		<input type="checkbox"/> Mechanical	
<input type="checkbox"/> Blank/Blind Lines		<input type="checkbox"/> Natural Ventilation	
ISOLATION METHODS		COMMUNICATION METHODS	
<input type="checkbox"/> Purge/Clean		<input type="checkbox"/> Visual	
<input type="checkbox"/> Inert		<input type="checkbox"/> Voice	
<input type="checkbox"/> Barriers		<input type="checkbox"/> Tug Rope	
<input type="checkbox"/> Double Block and Bleed		<input type="checkbox"/> Radio	
<input type="checkbox"/> Electrical Lockout/Tagout		<input type="checkbox"/> Other:	
<input type="checkbox"/> Mechanical Lockout/Tagout		ADDITIONAL PERMITS	
<input type="checkbox"/> Atmospheric		<input type="checkbox"/> AF Form 592 (Welding Permit)	
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	

PERSONNEL AWARENESS

<input type="checkbox"/> Pre-Entry Briefing on Specific Hazards, Work to be performed, Control Methods, and Emergency Egress.
<input type="checkbox"/> Signs Posted as Required.
<input type="checkbox"/> Pedestrian and Vehicle Barriers
<input type="checkbox"/> Other:

8. ATMOSPHERIC TESTING AND MONITORING RECORD

TYPE HAZARD	TEST Y/N	ACCEPTABLE CONDITIONS	RESULT/TIME :AM/PM	RESULT/TIME :AM/PM	RESULT/TIME :AM/PM	RESULT/TIME :AM/PM
OXYGEN		19.5 - 23.5%				
FLAMMABILITY		< 10% LEL				
CARBON MONOXIDE		< 35 ppm				
HYDROGEN SULFIDE		< 10 ppm				
CHLORINE		< 0.5 ppm				
SULFUR DIOXIDE		< 2 ppm				
OTHER TOXIC						
HEAT		F				
OTHER						

TESTER NAME

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TESTING DOCUMENTATION:

MAKE/MODEL/NO:					
CALIBRATION DATE:					

9. ENTRY SUPERVISORS AUTHORIZATION

NAME (Print or Type)	SIGNATURE	DATE	TIME

COORDINATION (See AFOSH Standard 91-25, Figure A2.2 for instructions. Coordinator initial and/or sign in the appropriate area below.)

SEG:	BES:	CEF: