All entries must be approved by the Main Office Approved by:_____

Entry Permit for Permit Required Confined Spaces
29CFR 1910.146

TIME IN_____
TIME OUT_____

Under no circumstances is the confined space to be entered under bridged or hung up material.

- Is this entry necessary? Yes_____ No_____ NA_____
- Entry Location_____ Entry Date_____
- Reason for entry_____
- Authorized permit duration_____
- Name(s) of Authorized Entrant(s)_____
- Name(s) of Authorized Attendant(s)_____
- Name of Entry Supervisor_____
- Atmosphere tested with a calibrated direct-reading instrument in the following order:
  (1) Oxygen content (not less than 19.5%)? Yes_____ No_____ NA_____
  (2) Flammable gases and/or vapors? Yes_____ No_____ NA_____
  (3) Potential toxic air contaminates? Yes_____ No_____ NA_____
- Mechanical hazard(s) present? Yes_____ No_____ NA_____
- Electrical hazard(s) present? Yes_____ No_____ NA_____
- Measures used to isolate the permit space and to eliminate or control permit space hazards before entry:
  Forced air ventilation? Yes_____ No_____ NA_____

  Purging-inerting-flushing? Yes_____ No_____ NA_____

  Lockout/Tagout? Yes_____ No_____ NA_____

  Mechanical/electrical hazards removed or isolated? Yes_____ No_____ NA_____
- Results of atmosphere testing:
  Oxygen content _____

  Gases/Vapors _____

  Toxic air contaminants _____
- Continued forced air required? Yes_____ No_____ NA_____
- Rescue and emergency services available? Yes_____ No_____ NA_____
- Method(s) of communication between entrant(s) and attendant(s):

  Visual ? Yes_____ No_____ NA_____

  Voice? Yes_____ No_____ NA_____

  Signal line? Yes_____ No_____ NA_____

  Other_____? Yes_____ No_____ NA_____
- Necessary equipment on hand and in good condition:

  Personal Protective equipment? Yes_____ No_____ NA_____

  Communication equipment? Yes_____ No_____ NA_____

  Rescue equipment? Yes_____ No_____ NA_____

  Other_____? Yes_____ No_____ NA_____
- Additional permits required:
  Hot work permit? Yes_____ No_____ NA_____

  Space work coordinated with outside contractor? Yes_____ No_____ NA_____

I hereby certify that conditions are acceptable for this entry to the best of my knowledge.

_____

Entry supervisor **Date**

*** Note: this permit must be retained on file ***