

ENTRY PERMIT (page 1 of 2)

GENERAL INFORMATION

Permit Space Location: _____

Purpose of Entry: _____

Entry Permit Valid For: Date: _____ to Date: _____
 Time: _____ to Time: _____

PERMIT SPACE HAZARDS

ATMOSPHERIC	Yes	No
Oxygen Deficiency		
Oxygen Enrichment		
Explosive (Gas/Vapor)		
Explosive Dust		
Carbon Monoxide		
Hydrogen Sulfide		
Other Toxic (Gases/Vapors)		
ENGULFMENT		
CONFIGURATION (ENTRAPMENT)		
MECHANICAL		
ELECTRICAL		
SUBSTANCE HAZARDOUS TO SKIN OR EYES		
HEAT STRESS		
OTHER POTENTIAL HAZARDS (e.g., radiation, noise, etc.)		

PERSONNEL

Entrant(s) Out	Time In	Time Out
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attendant(s) _____

Entry Supervisor(s) _____

COMMUNICATION PROCEDURES USED BY ENTRANT(S) and ATTENDANT(S) Check all that apply

Visual _____ Rope _____
 Voice _____ Radio _____
 Other (specify) _____

CONTROLS/EQUIPMENT Check all that apply

ISOLATION LOCKOUT/TAGOUT
 BLANKING/BLINDING
 DOUBLE BLOCK AND BLEED
 LINE BREAKING/MISALIGNMENT
 OTHER _____
 INERTING
 PURGE/CLEAN
 METHOD FOR SAFE COVER REMOVAL &
 SECURING AREA

ATMOSPHERIC TESTING
 Periodic (give interval)

_____ Continuous

VENTILATION
 Natural
 Continuous forced air
 Local Exhaust

ENTRY EQUIPMENT
 Ladders
 Other

PERSONAL PROTECTIVE EQUIPMENT
 Respiratory - SCBA, SAR, Air Purifying
 Clothing (specify)

_____ Eye and face protection
 Hearing protection

RESCUE AND RETRIEVAL EQUIPMENT
 Full body harness
 Lifeline
 Tripod w/mechanical winch
 Explosion proof lighting

NON-SPARKING TOOLS

INTRINSICALLY SAFE ELECTRICAL EQUIPMENT
 & GFCI

COMMUNICATION EQUIPMENT
 Radio
 Phone
 Other

_____ HOT WORK PERMIT
 FIRE EXTINGUISHERS

<p>Names _____ Phone _____</p> <p>_____</p> <p>Summoning Procedure _____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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ATMOSPHERIC TESTING RECORD

CONDITION	ACCEPTABLE LEVEL	PRE-ENTRY READINGS		ENTRY READINGS	
		(Reading)(Time)	(Reading) (Time)	(Reading)(Time)	(Reading) (Time)
OXYGEN	19.5% - 23.5%	_____	_____	_____	_____
EXPLOSIVE (GAS/VAPOR)	<10% LFL	_____	_____	_____	_____
EXPLOSIVE DUST	<LFL (5 ft. Visibility)	_____	_____	_____	_____
CARBON MONOXIDE	50 ppm	_____	_____	_____	_____
HYDROGEN SULFIDE	10 ppm	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
OTHER HAZARDS (e.g., heat stress)	_____	_____	_____	_____	_____
NAME(S) OF TESTER _____					
TESTING EQUIPMENT USED	TYPE _____	SERIAL NO. _____	TYPE _____	SERIAL NO. _____	

ENTRY AUTHORIZATION

ENTRY AUTHORIZED BY:

NAME _____ TIME _____
SIGNATURE _____ DATE _____

POST ENTRY PERMIT AT ENTRANCE TO PERMIT SPACE

ENTRY CANCELLATION

ENTRY CANCELED BY:

NAME _____ TIME _____
SIGNATURE _____ DATE _____

REASON FOR CANCELLATION:

Entry Operations Completed
Prohibited Condition Arose (specify) _____

