**29 CFR 1926 Subpart AA*—*Confined Spaces in Construction**

**Confined Space Entry Permit**

|  |  |  |  |
| --- | --- | --- | --- |
| Date and time issued: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date and time expires: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Jobsite/space I.D.: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Job supervisor: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Equipment to be worked on: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Work to be performed: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Entrants name(s): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Stand-by personnel: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

1. Atmospheric checks:

|  |  |  |
| --- | --- | --- |
| Time | \_\_\_\_\_\_\_\_\_\_ |  |
| Oxygen | \_\_\_\_\_\_\_\_\_\_ | % |
| Explosive | \_\_\_\_\_\_\_\_\_\_ | % L.F.L. |
| Toxic | \_\_\_\_\_\_\_\_\_\_ | PPM |

2. Tester’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Source isolation (no entry):

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A |
| Pumps or lines blinded |  |  |  |
| Disconnected or blocked |  |  |  |

4. Ventilation modification:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A |
| Mechanical |  |  |  |
| Natural ventilation only |  |  |  |

5. Atmospheric check after isolation and ventilation:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Oxygen | \_\_\_\_\_\_\_\_\_\_\_\_ | % | > | 19.5 | <23.5% |
| Explosive | \_\_\_\_\_\_\_\_\_\_\_\_ | % L.F.L | < | 10 | % |
| Toxic | \_\_\_\_\_\_\_\_\_\_\_\_ | PPM | < | 10 | H2S PPM |
| Time | \_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

Tester’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Communication procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Rescue procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Entry, standby and backup persons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A |
| Successfully completed required training? |  |  |  |
| Is it current? |  |  |  |

9. Equipment

|  |  |  |  |
| --- | --- | --- | --- |
| Direct reading gas monitor-tested | Yes | No | N/A |
| Safety harnesses and lifelines for entry and standby persons |  |  |  |
| Hoisting equipment |  |  |  |
| Powered communications |  |  |  |
| SAR or SCBA for entry and standby persons |  |  |  |
| Protective clothing |  |  |  |
| All electric equipment listed Class I, Division I, Group D and nonsparking tools |  |  |  |

10. Periodic atmospheric tests:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Oxygen | \_\_\_\_\_\_\_\_\_\_\_\_ | % Time | \_\_\_\_\_\_\_\_\_\_\_\_ | Oxygen | \_\_\_\_\_\_\_\_\_\_\_\_ | % Time | \_\_\_\_\_\_\_\_\_\_\_\_ |
| Oxygen | \_\_\_\_\_\_\_\_\_\_\_\_ | % Time | \_\_\_\_\_\_\_\_\_\_\_\_ | Oxygen | \_\_\_\_\_\_\_\_\_\_\_\_ | % Time | \_\_\_\_\_\_\_\_\_\_\_\_ |
| Explosive | \_\_\_\_\_\_\_\_\_\_\_\_ | % Time | \_\_\_\_\_\_\_\_\_\_\_\_ | Explosive | \_\_\_\_\_\_\_\_\_\_\_\_ | % Time | \_\_\_\_\_\_\_\_\_\_\_\_ |
| Explosive | \_\_\_\_\_\_\_\_\_\_\_\_ | % Time | \_\_\_\_\_\_\_\_\_\_\_\_ | Explosive | \_\_\_\_\_\_\_\_\_\_\_\_ | % Time | \_\_\_\_\_\_\_\_\_\_\_\_ |
| Toxic | \_\_\_\_\_\_\_\_\_\_\_\_ | % Time | \_\_\_\_\_\_\_\_\_\_\_\_ | Toxic | \_\_\_\_\_\_\_\_\_\_\_\_ | % Time | \_\_\_\_\_\_\_\_\_\_\_\_ |
| Toxic | \_\_\_\_\_\_\_\_\_\_\_\_ | % Time | \_\_\_\_\_\_\_\_\_\_\_\_ | Toxic | \_\_\_\_\_\_\_\_\_\_\_\_ | % Time | \_\_\_\_\_\_\_\_\_\_\_\_ |

We have reviewed the work authorized by this permit and the information contained herein. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked in the “No” column. This permit is not valid unless all appropriate items are completed.

|  |  |  |
| --- | --- | --- |
| Permit prepared by: (supervisor) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Approved by: (unit supervisor) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Reviewed by: (operations personnel) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | (Printed name) | (Signature) |