

# ENTRY PERMIT

IN THE EVENT OF ANY EMERGENCY, CONTACT PUBLIC SAFETY AT 911 OR BY RADIO ON THE PSSAFE CHANNEL IF NO PHONE IS NEARBY. NEVER ATTEMPT A CONFINED SPACE RESCUE ALONE.

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## SECTION 1: PRE-ENTRY INFORMATION

Date: \_\_\_\_\_

Confined Space Attendant: \_\_\_\_\_

Duration of Permit: \_\_\_\_\_

Space to be Entered: \_\_\_\_\_

Work to be Done: \_\_\_\_\_

\_\_\_\_\_

Hazards of the Space to be Entered:

Atmospheric: \_\_\_\_\_

Configuration: \_\_\_\_\_

Engulfment: \_\_\_\_\_

Electrical: \_\_\_\_\_

Other: \_\_\_\_\_

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Acceptable Entry Conditions: (Describe the conditions that must be present before entry is allowed)

Oxygen Content: Between 19.5% and 23.5%

Flammable Gases and Vapors: Less than 10% of LEL

Toxic Air Contaminants: Not present or less than acceptable exposure limits

Electrical System Lockouts: \_\_\_\_\_

Mechanical System Lockouts: \_\_\_\_\_

Barriers Constructed: \_\_\_\_\_

Lighting: \_\_\_\_\_

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Communication Procedures: (The following procedures are to be used by entrants and attendants during entry)

Voice       Radio



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**SECTION 4: SIGN-IN**

All authorized entrants and attendants must appear by name

NAME                                      ASSIGNMENT                                      TIME-IN                                      TIME-OUT

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Use separate sheet, if necessary

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**SECTION 5: ENTRY SUPERVISOR**

I understand that it is my responsibility to implement the requirements listed in this permit prior to entry and that this permit is valid only so long as the requirements are met. Should the location or circumstance(s) of the operation listed on the permit change, I understand that it is my responsibility to terminate the permit space entry and have the entry supervisor CANCEL this permit. I can be relieved of this responsibility only by another equally trained individual, and only then when all pre-entry conditions have been re-verified.

NAME    SIGNATURE OR INITIALS    DATE

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**SECTION 6: CONFINED SPACE ENTRY TERMINATION**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
Entry Supervisor Signature

Work Completed:     Yes     No

If not completed, attach a detailed explanation of the reason citing problems encountered and/or emergency actions taken:

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