



Confined Space Entry Permit

This form must be filled out:

1. Prior to the entry into a confined space.
2. When there is a deviation from the original scope of work from the original entry.
3. For each entry point, if there is more than one on any vessel.
4. If the point of entry changes from the original.
5. Complete Section A and C for ANY Confined Space Entry
6. Complete Section A, B, and C for all Hazardous Confined Space Entry

Note: This document must be posted at the point of entry and remain in place until the work is complete, or points 2 or 4 above occur. If the job exceeds one shift this form is to be given to the next supervisor who will review it with the crew coming on.

SECTION A

To be completed for ALL Confined Space Entry when work is performed.

Date: _____		Company: _____	
Worksite: _____		Jobsite: _____	
Supervisor: _____		Work Order# _____	

Emergency Phone Numbers:		First Aid Designate	
Medical: 911		Crew: _____	
Fire: 911		Other: _____	
Police: 911			
First Aid Kit Location: _____		First Aid Facility: _____	
Safety Shower/Eyewash: _____			

Scope of Work

Section B

To be completed for all Hazardous Confined Space Entry

Atmospheric Testing Gas tester make and model _____ Bump Test _____

Last calibration Date _____

Test Frequency: Continuous 30 minutes
 1 hour 2 hours 4 hours

If the confined space is vacated for a period greater than 30 minutes, an atmospheric test must be completed before re-entry.

**See attached atmospheric testing log for contaminant levels.*

Ventilation Procedure:

Procedure for Entry:

Procedure for work inside

Procedure for Exit:

Procedure for Decontamination:

Safety Watch Attendant P.P.E. (if different from above):

Confined Space Atmospheric Testing Log

Test frequency: Continuous 30 minutes 2 hours 4 hours

Tester: _____

Project: _____

Note: If the confined space is vacated for longer than 30 minutes, it must be tested again before re-entry.

Date	Time	O2 19.5 - 23 %	LEL <10%	H2S <1ppm	CO <25 ppm	Other	Initials

**A copy of the written entry plan must be readily available at the entrance of the confined space.
A copy of the plan must also be centrally filed with Facilities Management.**

Section C

To be completed for ALL Confined Space Entry

Confined Space Entry Log

Date: _____

day shift

night shift

Project: _____

Authorized Safety Watch Attendant(s):

Entrant	Date	Initial	In	Out	In	Out	In	Out	In	Out	In	Out

I CERTIFY THAT ALL ENTRANTS LISTED HAVE VACATED THIS CONFINED SPACE.

Safety Watch Attendant

Supervisor