

Department of Aviation

CONFINED SPACE ENTRY PERMIT

GENERAL INFORMATION:

Space to be entered:

Purpose of entry:

Permit #

Location/Building:

Duration of permit:

Date:

To:

Time:

To:

PERMIT SPACE HAZARDS

(Initial to indicate specific hazards)

☐ Oxygen deficiency (less than 19.5%)

☐ Oxygen enrichment (more than 23.5%)

☐ Flammable gases or vapors (greater than 10% LFL)

☐ Airborne combustible dust (equal to or over LFL)

☐ Toxic gases or vapors (greater than PEL)

☐ Mechanical hazards

☐ Electric shock hazards

☐ Material harmful to skin

☐ Engulfment hazards

☐ Other:

EQUIPMENT REQUIRED FOR ENTRY AND WORK

Personal Protective Equipment:

Atmospheric testing/monitoring:

Communication:

Rescue Equipment:

Other:

PREPARATION FOR ENTRY (Check off after steps have been taken)

☐ Notification of affected departments of service interruption.

Isolation methods:

☐ Lockout/Tagout

☐ Blank/Blind

☐ Purge/Clean

☐ Inert

☐ Ventilate

☐ Atmospheric test

☐ Barriers

☐ Other: _____

Personnel awareness:

☐ Pre-entry briefing on specific hazards and control methods

☐ Notify contractors of permit and hazard conditions

☐ Other: _____

Additional permits required and/or attached:

☐ Hot Work

☐ Line Breaking

☐ Other: _____

COMMUNICATION PROCEDURES

To be used by attendants and entrants:

AUTHORIZED ENTRANTS (List by name)

[] see attached roster

AUTHORIZED ATTENDANTS (List by name)

TESTING RECORD

	Acceptable	Result	Result	Result	Result	Result	Result	Result
Time	Conditions	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
Oxygen min.	> 19.5%							
Oxygen max.	< 23.5%							
Flammability	< 10% LFL							
H ₂ S	< 10 ppm							
Toxic (specify)								
Cl ₂	< 0.5 ppm							
CO	< 35 ppm							
SO ₂	< 2 ppm							
Heat	°F/°C							
Other								
Tester Initials:								

AUTHORIZATION BY ENTRY SUPERVISOR

I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in this confined space.

Printed Name

Signature

Date

Time
