

Sample Entry Permit For Permit Required Confined Spaces

29CFR 1910.146

- * Is this entry necessary? Yes ___ No ___ NA ___
- * Entry location _____ Entry Date _____
- * Reason for entry _____
- * Authorized permit duration _____
- * Name(s) of Authorized Entrant(s) _____
- * Name(s) of Authorized Attendant(s) _____
- * Name of Entry Supervisor _____
- * Atmosphere tested with a calibrated direct-reading instrument in the following order:
- 1) Oxygen content (not less than 19.5%)? Yes ___ No ___ NA ___
- 2) Flammable gases and vapors? Yes ___ No ___ NA ___
- 3) Potential toxic air contaminants? Yes ___ No ___ NA ___
- * Mechanical hazard(s) present? Yes ___ No ___ NA ___
- * Electrical hazard(s) present? Yes ___ No ___ NA ___
- * Measures used to isolate the permit space and to eliminate or control permit space hazards before entry:
- Forced air ventilation? Yes ___ No ___ NA ___
- Purging-inerting-flushing? Yes ___ No ___ NA ___
- Lockout/Tagout? Yes ___ No ___ NA ___
- Mechanical/electrical hazards removed or isolated? Yes ___ No ___ NA ___
- * Results of atmospheric testing:
- Oxygen content _____
- Gases/vapors _____
- Toxic air contaminants _____
- * Continued forced-air ventilation required? Yes ___ No ___ NA ___
- * Rescue and emergency services available? Yes ___ No ___ NA ___
- * Method(s) of communication between entrant(s) and attendant(s):
- Visual? Yes ___ No ___ NA ___
- Voice? Yes ___ No ___ NA ___
- Signal line? Yes ___ No ___ NA ___
- Other _____? Yes ___ No ___ NA ___
- * Necessary equipment on hand and in good condition:
- PPE? Yes ___ No ___ NA ___
- Communication equipment? Yes ___ No ___ NA ___
- Rescue equipment? Yes ___ No ___ NA ___
- Other _____? Yes ___ No ___ NA ___
- * Additional permits required (hot work)? Yes ___ No ___ NA ___
- * Space work coordinated with outside contractor? Yes ___ No ___ NA ___
- Conditions are acceptable for this entry.

Entry Supervisor