

CONFINED SPACE ENTRY PERMIT

General Information

Date Issued: _____ Time Issued: _____ am pm Duration (hours): _____
 Location: _____ Confined Space ID: _____
 Reason for Entering: _____
 Work to be Performed: _____

Authorized Personnel	Name	Department	Employee ID (700 or 800#)
Supervisor			
Attendant			
Entrant #1			
Entrant #2			
Entrant #3			

Atmospheric Testing

Time: _____ am pm Testing performed by: _____

Time (specify am or pm)	% of Oxygen (19.5 - 23.5%)	% LEL (<10%)	CO (50 ppm PEL)	H ₂ S (20 ppm PEL)	Temp. (<115° F)	Other (please specify)

Tester Signature: _____

Requirements Completed (must be inspected and operational)

If the item does not apply, enter "N/A" into the blank.

Communication Procedures: _____
 LOTO/Denergization: _____ Purge/Flush/Vent: _____
 Ventilation: _____ Secure Area: _____
 Lifelines: _____ Signage: _____
 Fire Extinguishers: _____ PPE: _____
 Lighting: _____ Supplied Air Respirators: _____
 Additional Permit (Hot Work): _____ Additional Tools: _____
 Retrieval/Rescue: _____

Continuous Monitoring

Monitoring performed by: _____

Time (specify am or pm)	% of Oxygen (19.5 - 23.5%)	% LEL (<10%)	CO (50 ppm PEL)	H ₂ S (20 ppm PEL)	Temp. (<115° F)	Other (please specify)

Instrument(s) Used: _____ Serial/Unit # _____

This permit is not valid unless all items are completed.

Entry Supervisor (Issued): Printed Name: _____ Signature: _____

Entry Supervisor (Closed): Printed Name: _____ Signature: _____

UPON JOB COMPLETION, SEND COMPLETED FORM TO ENVIRONMENTAL HEALTH AND SAFETY WITHIN 24 HOURS TO: ehssafety@mail.wvu.edu