

CONFINED SPACE ENTRY PERMIT

Work Order:		Date:		Time:	<input type="checkbox"/> AM	<input type="checkbox"/> PM
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Location:				Confined Space #:		
Entry Date:		Beginning Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM	Ending Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM	Valid For: ONE Shift PER DAY ONLY

Reason for Entry:	
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Equipment Taken Into Space:		
Equipment/Tools	Materials	Chemicals

Atmospheric Hazards:	<input type="checkbox"/> Oxygen Deficiency	<input type="checkbox"/> Combustible Gas	<input type="checkbox"/> Toxic Contaminants			
Tests	Acceptable Entry Conditions	Record Reading Results/Time				
		1st	2nd	3rd	4th	5th
Oxygen	19.5 – 23.5%					
Combustible Gas	Below 10% LEL					
Carbon Monoxide	0 – 25 ppm					
Hydrogen Sulfide	0 – 10 PEL					

Physical Hazards:	<input type="checkbox"/> Chemical/Biological	<input type="checkbox"/> Electrical	<input type="checkbox"/> Steam	<input type="checkbox"/> Mechanical
	<input type="checkbox"/> Gravity	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Noise	<input type="checkbox"/> Heat
	<input type="checkbox"/> Temperature Readings: _____ 1 st _____ 2 nd _____ 3 rd			
Hazard Controls:	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Personal Protective Equipment	<input type="checkbox"/> Ventilation	
	<input type="checkbox"/> Other (Specify):			

Trained Authorized Personnel	Print (Name and Department)	Signature
Supervisor		
Attendant		
Entrant		
Entrant		
Entrant		

Communication – Personal Protective Equipment – Hot Work Permit	
Communication Methods with Entrants:	<input type="checkbox"/> Voice <input type="checkbox"/> Radio <input type="checkbox"/> Phone <input type="checkbox"/> Visual <input type="checkbox"/> Rope <input type="checkbox"/> Signals <input type="checkbox"/> Other
Communication Methods to Contact Emergency Services:	<input type="checkbox"/> Phone <input type="checkbox"/> Radio <input type="checkbox"/> Other
Personal Protective Equipment:	<input type="checkbox"/> Coveralls <input type="checkbox"/> Tyvek® Suite <input type="checkbox"/> Leather Gloves <input type="checkbox"/> Chemical Resistant Gloves <input type="checkbox"/> Welding Gloves <input type="checkbox"/> Welding Hood <input type="checkbox"/> Eye Protection <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Hard Hat <input type="checkbox"/> Safety Shoes/Boots <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Tripod/Winch <input type="checkbox"/> Other
Traffic Control:	<input type="checkbox"/> Barricades <input type="checkbox"/> Vests <input type="checkbox"/> Flags <input type="checkbox"/> Signs <input type="checkbox"/> Signs Hot Works: <input type="checkbox"/> Yes (Hot Works Permit Required) <input type="checkbox"/> No

Approvals	
Entry Supervisor (Print):	(Sign):
I assumed the responsibility of Entry Supervisor on:	Date: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
This Confined Space Entry Permit has been revoked because:	
Comments: (Write any additional comments on back of Permit Form)	

WHEN CONFINED SPACE ACTIVITIES ARE COMPLETED, SEND COMPLETED FORM TO
ENVIRONMENTAL HEALTH AND SAFETY WITHIN 24 HOURS TO:
EHSSafetyTeam@mail.wvu.edu