



CONFINED SPACE ENTRY PERMIT

To be Used with Confined Space Entry Program Requirements

DATE/TIME PERMIT ISSUED		EXPIRATION DATE/TIME	
PREPARED BY		LOCATION	DESCRIPTION
PURPOSE OF ENTRY			DEPARTMENT/DIVISION
AUTHORIZED ENTRANT(S) <small>Only Authorized Entrants Listed on the Permit May Enter the PRCS</small>		AUTHROIZED ATTENDANT(S) <small>Attendants Must Be CPR & First Aid Certified and May Not Leave the PRCS</small>	
TIME OF ACTUAL ENTRY		TIME ENTRY WAS COMPLETED	

ATMOSPHERIC TEST DATA

TEST	PRE-ENTRY RESULTS	FOLLOW-UP TESTING RESULTS		
O ₂ (19.5-23.5)				
% LEL (<10%)				
CO (<25 ppm)				
H ₂ S (<10 ppm)				
TIME IN / OUT	IN / OUT	IN / OUT	IN / OUT	IN / OUT
PRE-ENTRY TESTING BY				DATE
				TIME
INSTRUMENT	MODEL	SERIAL #	CAS-CAL DATE/TIME	PASSED GAS-CAL (Y/N?)

ZERO CALIBRATION PRIOR TO ENTRY CONDUCTED BY _____

REQUIRED SAFETY CONTROLS/OBSERVED HAZARDS

REQUIREMENT	YES	NO	COMMENTS/CONTROL MEASURES/EQUIPMENT
Respiratory Protection			
PPE			
Hot Work			
Non-Entry Rescue Equip.			
Isolation			
Lockout/Tagout			
Ventilation			
Follow-up Testing			
Other Hazards			
Are Workers Trained			

***COMMENTS REQUIRED IF CHECKED "YES"

COMMUNICATION (Circle)	VISUAL	DIRECT VERBAL	PHONE	RADIO
EMERGENCY CONTACT	NOTIFY DISPATCH FOR FIRE DEPARTMENT STANDBY 435-882-5600 Y/N?			
IS THE SPACE LABELED (Circle) YES or NO				OTHER COMMENTS

PERMIT ISSUED – ENTRY SUPERVISOR'S SIGNATURE & DATE/TIME _____

Permit Cancelled / Work Completed

PERMIT CANCELLED DATE/TIME _____ CANCELLED BY _____

REASON PERMIT IS CANCELLED () Unable to establish safe entry () Conditions changed during entry () Work successfully completed () Other

Permit Reviewed By _____ Date _____