

CONFINED SPACE ENTRY PERMIT

FORM

Number: 11.11.52.4 Rev. 0

Issued: May 17, 2004

COMPLETE THIS FORM BEFORE ENTERING A CONFINED SPACE.

WORK INFORMATION

Location Of Confined Space		Date/Time Issued _____ Date/Time Expired _____
Nature of the Work		
Workers Assigned		
Stand-by Person (s)		
Supervisor		

PRECAUTIONS

Ground fault interrupter required	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
All valves locked out or blanked	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Purging and/or ventilation of area	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Electrical switches locked out	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Standby person instructed and positioned	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Rescue equipment checked, specify _____	
Personal Protective Equipment checked, specify _____	
Job procedure in place	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>

TESTS CONDUCTED

O ₂ Concentration	Time _____	Results _____
Other, specify _____		

The following precautions must be observed in addition to those listed above.

Supervisor Signature _____