



CONFINED SPACE ENTRY PERMIT

Location and Description of Confined Space: _____

Purpose of Entry: _____

Supervisor Authorizing Work: _____	Date of Entry: _____
Expiration Date: _____	Time of Entry: _____
Other Permits Required: _____	Expiration Date: _____
Other Permits Required: _____	Expiration Date: _____

Entry Supervisor: _____ Entrants: _____

Attendants: _____

Required Special Precautions	Yes	No	Required PPE Equipment	Yes	No
Lines Broken/ Capped/ Blanked			Radiation Dosimetry (e.g. TLD Badge, Pocket)		
Purge Area- Flush and Vent			Lighting		
Secure Area- Post and Barricade			Protective Clothing/ Coveralls		
Mechanical Ventilation			Face Protection (e.g. Glasses, Goggles, Shield)		
Full-Body Harness			Eye Protection		
Lifeline			Footwear (e.g. Safety Shoes, Boots)		
Retrieval System			Additional Air Monitor (e.g. ODH Monitor)		
Spark Proof Tools			Gloves		
Communication with ENTRANT(S) (Pick One)			Hardhats		
Verbal			Hearing Protection		
Radio / Walkie-Talkie			Respirator		
Communication with FIRE DEPT.			Other:		

Notifications:	Name:	Notes:
EHS Department	_____	_____
Project Manager	_____	_____
Other	_____	_____

**POST PERMIT AT THE JOB SITE UNTIL THE JOB IS
 COMPLETED OR UNTIL PERMIT EXPIRES.**



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Air Monitoring Equipment Data

Instrument Used	Instrument #	Calibration		
		Date	Initials	ID #

Atmospheric Testing Data

Date	Time	Location of Reading	% Oxygen (19.5% to 23.5%)	% LEL (Below 10%)	Carbon Monoxide (Below 25 ppm)	Hydrogen Sulfide (Below 5 ppm)	Other Toxic (If applies)	Notes (i.e. Pre-entry reading, During Entry, etc.)	Atmospheric Tested By: Initials

PERMIT AUTHORIZATION

a.m. / p.m.

Entry Authorization Certification (Entry Supervisor) Date Time

The entry authorization signature certifies that all precautions and equipment specified by this permit are in place and all atmospheric testing is within allowable limits to allow entry.

EHS PERMIT APPROVAL

a.m. / p.m.

Project Manager Date Time

CANCELLATION OF PERMIT

a.m. / p.m.

Permit Cancellation Signature (Entry Supervisor) Date Time

The entry supervisor cancels the permit when either unacceptable conditions arise or when the work authorized by the permit has been completed.

- **IN CASE OF AN EMERGENCY CALL THE EMERGENCY RESPONSE COORDINATOR 605-641-0118**
- **REFERENCE: [EMERGENCY RESPONSE PLAN](#)**
- **POST PERMIT AT THE JOB SITE UNTIL THE JOB IS COMPLETED OR UNTIL THE PERMIT EXPIRES. RETAIN COMPLETED PERMITS FOR A MINIMUM OF ONE YEAR.**