



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:
ESH Department	_____	_____
Project Manager	_____	_____
Other	_____	_____

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



CONFINED SPACE ENTRY PERMIT

- **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.**