**CONFINED SPACE ENTRY PERMIT**

|  |  |
| --- | --- |
| JOB DESCRIPTION: |  |
|  |
| LOCATION: |  |
| DATE/TIME: |  | PERMIT VALID UNTIL: |  |

(specify shift for which this applies)

|  |  |  |  |
| --- | --- | --- | --- |
| **HAVE THE FOLLOWING PRECAUTIONS BEEN TAKEN?** | **YES** | **NO** | **N/A** |
| 1. Were hazards, testing and emergency procedures explained? |  |  |  |
| 2. Were gas lines isolated? |  |  |  |
| 3. Were all valves locked and capped? |  |  |  |
| 4. Will any hot work (e.g. welding) be required? |  |  |  |
| 5. Were electrical switches locked and then tested before entry  |  |  |  |
| 6. Was mechanical equipment immobilized?  |  |  |  |
| 7. Was purging or ventilation required?  |  |  |  |
| 8. Was rescue equipment tested?  |  |  |  |
| 9. Was a standby employee assigned? |  |  |  |
| 10. Was protective equipment required? |  |  |  |
| SPECIFY: **(check all that applies)** | Respiratory Equipment | Goggles | Fire Protection | Clothing | Safety belt or Lifeline | Other: |

**NOTIFY RESCUE SERVICE (BOZEMAN FIRE DEPARTMENT 582-2350) OF LOCATION AND ENTRY TIME PRIOR TO ENTRY AND WHEN FINISHED**

|  |  |  |  |
| --- | --- | --- | --- |
| **SAMPLING EQUIPMENT USED** | **TYPE** | **CALIBRATED** | **DATE** |
|  |  |  |  |

**TEST CONDUCTED (10-20 minutes intervals if possible)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **O2** | **Combustibility (LEL)** | **Toxicity (H2S)** | **Carbon Monoxide (CO)** |
| **Reading/Time/Initials** |  |  |  |  |
| **Reading/Time/Initials** |  |  |  |  |
| **Reading/Time/Initials** |  |  |  |  |
| **Reading/Time/Initials** |  |  |  |  |
| **Reading/Time/Initials** |  |  |  |  |
| **Reading/Time/Initials** |  |  |  |  |
| **Reading/Time/Initials** |  |  |  |  |
| **Reading/Time/Initials** |  |  |  |  |
| **Reading/Time/Initials** |  |  |  |  |
| **Reading/Time/Initials** |  |  |  |  |
| **Reading/Time/Initials** |  |  |  |  |
| **Reading/Time/Initials** |  |  |  |  |
| **Reading/Time/Initials** |  |  |  |  |
| **Reading/Time/Initials** |  |  |  |  |
| **Reading/Time/Initials** |  |  |  |  |
| **Reading/Time/Initials** |  |  |  |  |
| **Reading/Time/Initials** |  |  |  |  |
| **Reading/Time/Initials** |  |  |  |  |

**Indicate Material Concern**

|  |  |
| --- | --- |
| ADDITIONAL COMMENTS: |  |
|  |
|  |
| APPROVALS: |  |  |  |
|  | Supervisor | Employee |

**TO BE KEPT POSTED ON JOB UNTIL WORK IS COMPLETED OR PERMIT EXPIRES OR IS REVOKED\*\*\*\*\*\*\*\*\*\*\*\*\***

**RETURN TO SUPERVISOR WHEN JOB IS COMPLETED.**