

CONFINED SPACE ENTRY PERMIT

RESCUE AND EMERGENCY SERVICES: CALL 911
IF EXTREME HEAT CONDITIONS EXIST, CONTACT EHSO FOR HEAT STRESS MONITORING @ (404)727-5922
(RETAIN COMPLETED PERMIT FOR 1 YEAR)

GENERAL INFORMATION										
DEPARTMENT CONDUCTING ENTRY						LOCATION/IDENTITY OF SPACE TO BE ENTERED				
PURPOSE OF ENTRY <input type="checkbox"/> Inspection <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Hot work <input type="checkbox"/> Other _____										
AUTHORIZED DURATION OF ENTRY <i>(Permit approval period not to exceed an 8-hour shift)</i> Date Issued: _____ Time Issued: _____ <input type="checkbox"/> am <input type="checkbox"/> pm Date Expires: _____ Time Expires: _____ <input type="checkbox"/> am <input type="checkbox"/> pm										
ENTRY SUPERVISOR <i>(Print name here and sign at bottom of permit)</i>										
ENTRANTS <i>(Print names)</i>										
ATTENDANTS <i>(Print names)</i>										
ATMOSPHERIC TEST READINGS										
Gas Monitor Model:				Serial Number:			Date of Last Calibration:			
	PRE-ENTRY TEST		2 ND TEST		3 RD TEST		4 TH TEST		5 TH TEST	
	Conc.	Time	Conc.	Time	Conc.	Time	Conc.	Time	Conc.	Time
Oxygen (19.5 – 23.5%)										
Flammable (<10% LEL)										
Carbon Monoxide (<35 ppm)										
Hydrogen Sulfide (<5 ppm)										
NAME OF PERSON CONDUCTING MONITORING:										
WORKING CONDITIONS										
YES	NO	N/A	PLACE CHECK IN THE APPROPRIATE BOX							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will welding/cutting or other operations produce hazardous conditions? <i>(If yes, attach hot work permit)</i>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has ventilation been provided?							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have electrical sources been isolated?							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have pumps or lines been blinded, disconnected, or blocked?							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have instructions been given to personnel entering the space?							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lockout/Tag out procedures have been followed?							
EQUIPMENT REQUIRED FOR ENTRY <i>(Check all that apply)</i>										
<input type="checkbox"/> Direct Reading Gas Monitor (Calibrated)			<input type="checkbox"/> Rescue Harness and Tripod			<input type="checkbox"/> Traffic Control Equipment				
<input type="checkbox"/> Radio (Intrinsically Safe)			<input type="checkbox"/> PPE (gloves, cooling vest, Tyvek, etc.)							
<input type="checkbox"/> Lighting			<input type="checkbox"/> Non-sparking Tools							
ENTRY SUPERVISOR SIGNATURE <i>(All conditions for safe entry have been met)</i>							DATE			