



CONFINED SPACE ENTRY PERMIT

RESCUE PLAN MUST BE IN PLACE PRIOR TO ENTRY
DIAL 911 AND CONTACT EMERGENCY RESCUE TEAM IN CASE OF EMERGENCY
DO NOT USE THIS PERMIT IF EXTREME HEAT CONDITIONS EXIST
CONTACT EHSO FOR HEAT STRESS MONITORING @ (404)727-5922
(RETAIN COMPLETED PERMIT FOR 1 YEAR)

Instructions:

- This form must be completed by the Confined Space Entry Supervisor and must remain at the entry site for the duration of the entry.
- Document the atmospheric testing within the space prior to entry and every thirty (30) minutes to ensure continuous forced air ventilation is preventing the accumulation of a hazardous atmosphere
- If a hazardous atmosphere is detected during entry, **immediately** exit the space and contact EHSO.
- Forward completed forms to your supervisor to be retained for one (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 not to exceed time required to complete assigned task)</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>			
ATTENDANTS <i>(Print names)</i>			
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"/> Heat Stress Monitor		<input type="checkbox"/> PPE (gloves, hard hat, safety glasses, cooling vest, etc.)	
<input type="checkbox"/> Radio (intrinsically safe)		<input type="checkbox"/> Non-sparking Tools	
<input type="checkbox"/> Lighting		<input type="checkbox"/> Other: _____	
WORKING CONDITIONS			
YES	NO	N/A	PLACE CHECK IN 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?



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<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/Tagout procedures have been followed?

If non-Emory employees are also entering the space, the party in charge (controlling contractor) has discussed the hazards, coordinated entry with all entry teams, and verified the confined space entry requirements have been met.

CONTROLLING CONTRACTOR SIGNATURE: _____

ATMOSPHERIC TEST READINGS

Gas Monitor Model	Serial Number	Date of Last Calibration	Date of Bump Test
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NAME OF PERSON CONDUCTING MONITORING:

	PRE-ENTRY TEST		TEST # _____		TEST # _____		TEST # _____		TEST# _____	
	Meter Reading	Time	Meter Reading	Time	Meter Reading	Time	Meter Reading	Time	Meter Reading	Time
Oxygen (19.5 – 23.5%)										
Flammable (<10% LEL)										
Carbon Monoxide (<35 ppm)										
Hydrogen Sulfide (<5 ppm)										

ENTRY SUPERVISOR SIGNATURE *(All conditions for safe entry have been met)*

DATE