Confined Space Entry Permit
ANY EMERGENCY 845-257-2222

Entry Date: _______________  Start Time: _______________  Completion Time: _______________

Description of Work to be performed: ___________________________________________________________

Description of Space
Confined Space Type: {electrical, sewer, HTH etc.):  Building Name: ____________________________
Location of Confined Space

Entry Checklist
- Potential Hazards Identified
- Communications Established with Operations Center via radio?
- Emergency Procedures Reviewed?
- Entrants and Attendants Trained?
- Isolation of Energy Completed?
- Area Secured?
- Emergency Escape Retrieval Equipment Available
- Personal Protective Equipment Used?

Confined Space Equipment and PPE Used During Entry:
- Tripod with Mechanical Winch
- Rescue Tripod with Lifeline
- Harness
- Two-Way Communications
- General/Local Exhaust Ventilation
- Air Purifying Respirator
- Self-Contained Breathing Apparatus
- Steel Toe Boots
- Hard Hat
- Gloves
- Chemical Resistant Clothing
- Hearing Protection
- Other PPE or Equipment Used: ________________________________

Air Monitoring Results Prior to Entry
Monitor Type: __________________________ Serial Number: __________________________

Initial Air Monitoring Results Oxygen _________%  LEL _________%  CO _________ppm  H2S _________ppm

Calibration Performed? [  ] Yes [  ] No  Initials __________
Alarm Conditions? [  ] Yes [  ] No

Continuous Air Monitoring Results -Every 15 minutes while entrant is in CS (use back for any additional result entries)

Time _________ Oxygen _________%  LEL _________%  CO _________ppm  H2S _________ppm
Time _________ Oxygen _________%  LEL _________%  CO _________ppm  H2S _________ppm
Time _________ Oxygen _________%  LEL _________%  CO _________ppm  H2S _________ppm
Time _________ Oxygen _________%  LEL _________%  CO _________ppm  H2S _________ppm
Time _________ Oxygen _________%  LEL _________%  CO _________ppm  H2S _________ppm
Time _________ Oxygen _________%  LEL _________%  CO _________ppm  H2S _________ppm
Time _________ Oxygen _________%  LEL _________%  CO _________ppm  H2S _________ppm
Time _________ Oxygen _________%  LEL _________%  CO _________ppm  H2S _________ppm

Authorization
We have reviewed the work authorized by this permit and the information contained herein. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked in the "NO" column. This permit is not valid unless all appropriate items are completed. This permit is to be kept at the job site. Return site copy to supervisor and EHS.

Entrant’s Name: __________________________ Signature: __________________________ Date: __________
Attendant’s Name: __________________________ Signature: __________________________ Date: __________
Entry Supervisor’s Name: __________________________ Signature: __________________________ Date: __________

Call for EMERGENCIES 257-2222