



DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY
 Industrial Hygiene
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CONFINED SPACE ENTRY PERMIT

Location and Description of Confined Space _____
 Date of Entry _____ Time of Entry _____ Expiration _____
 Description of Work to be Done _____

Atmospheric Monitoring

Tests to be Taken	Acceptable Entry Conditions	Test# Time:	1	2	3	4	5	6	7	8
% of Oxygen	>19.5% and <23.5%									
% of LEL **	<10%									
Carbon Monoxide	<35ppm									
Hydrogen Sulfide	<10ppm									
Toxics	No Alarm									
Other										

Testing/Monitoring Instrument(s) Used:	I.D. Number(s):
Individual(s) performing test(s)	

Special Requirements

	Yes	No	Initials	Time
Lock Out/De-energize	<input type="checkbox"/>	<input type="checkbox"/>		
Lines Broken-Capped or Blanked	<input type="checkbox"/>	<input type="checkbox"/>		
Purge-Flush and Vent	<input type="checkbox"/>	<input type="checkbox"/>		
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>		
Secure Area	<input type="checkbox"/>	<input type="checkbox"/>		
Other Requirements (specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Personal Protective Equipment (check if required for entry)				
<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Lifeline	
<input type="checkbox"/> Gloves	<input type="checkbox"/> Protective Clothing	<input type="checkbox"/> Safety Harness	<input type="checkbox"/> Emergency Retrieval System	
<input type="checkbox"/> Goggles	<input type="checkbox"/> Respirator	<input type="checkbox"/> Lighting	<input type="checkbox"/> Other _____	

Authorized Entrant(s):	Attendant(s):

All Above Conditions Satisfied

Date: _____ Time: _____
 Department: _____
 Telephone: _____

Signature of Entry Supervisor _____

In Emergency, Call 911

*PEL-Permissible Entry Level **LEL-Lower Explosive Level