

Confined Space Entry Permit

Permit Start Date/Time:

Permit Expiry Date/Time:

Permit is Void When: 1) Significant deviation from conditions or procedures cited below,
2) Change in personnel or supervisor, or
3) Permissible date or time has expired.

Site Location:

Space Name:

ID #:

Description of Work Activities Covered by this Entry Permit:

Materials or chemicals to be brought into the confined space (MSDS's posted):

Equipment to be brought into the confined space:

Hazard Rating (**before controls**): Low Medium High Non-Entry

Emergency Contacts

Position	Name	Contact Number
Manager		
Site Supervisor		
Entry Attendant(s)		
Rescue Team		
First Aid Attendant		
Other:		
Other:		

Initial Gas Testing (Pre Purge)

Gas Tester Make/Model:	Date of calibration/bump test:		<input type="checkbox"/> Calibration	<input type="checkbox"/> Bump Test	
	O ₂ ± 20.9% (20.7% to 21.1%)	LEL 0%	CO < 2.5ppm	H ₂ S < 1ppm	Time
Opening					
½ way					
Bottom					

Pre-Entry Safety Meeting

Pre-purge gas testing complete (see above).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Hazard assessment and Safe Work Procedures (Entry Procedures) prepared and reviewed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Safe Work Procedures are suitable to manage risks associated with planned work :	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Isolation and lockout/tagout is in place and adequate. LOTO # (if applicable):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Space needs cleaned or flushed to remove contaminants, water etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Space has been purged with clean air for ___ minutes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Space is mechanically ventilated.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Ignition sources have been removed or eliminated.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Fire protection is readily available (minimum fire extinguisher).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Entry attendant(s) present.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Occupational first aid attendant on site.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Rescue personnel on site and notified of entry and expected duration.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required rescue/retrieval equipment in place.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Entrants are physically & mentally fit for entry (no phobias, or mental/physical limitations).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
PPE has been inspected and is in good condition.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Post-purge gas testing complete (see reverse).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Hazard Rating (**after controls**): Low Medium High Non-Entry



Raven Rescue Ltd.

Testing (Post Purge)

Gas Tester Make/Model:		Date of calibration/bump test:		<input type="checkbox"/> Calibration	<input type="checkbox"/> Bump Test
	O₂ ± 20.9% (20.7% to 21.1%)	LEL 0%	CO < 2.5ppm	H₂S < 1ppm	Time
Opening					
½ way					
Bottom					

Safety Meeting Sign Off

I certify that all entrants were present for the Safety Meeting (see reverse) and have the required training.

Site Supervisor Name:

Signature:

Name	Role	Company	Signature

Entry Log

Entrant Name	Time In/Out	Time In/Out	Time In/Out	Time In/Out
	/	/	/	/
	/	/	/	/
	/	/	/	/
	/	/	/	/
	/	/	/	/
	/	/	/	/
	/	/	/	/
	/	/	/	/
	/	/	/	/
	/	/	/	/

Gas Testing Log

Time between each test and person check must not exceed 20 minutes.

Time	O ₂ (%)	LEL (%)	CO	H ₂ S	Initials	Time	O ₂ (%)	LEL (%)	CO	H ₂ S	Initials
	20.7% - 21.1%	0%	< 2.5ppm	< 1ppm			20.7% - 21.1%	0%	< 2.5ppm	< 1ppm	

Cancellation of Permit

Date Cancelled:	Time Cancelled:	Site Supervisor Signature:
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**** Copy of Signed Permit must be posted at point of entry and retained for at least one year. ****

