

<h2 style="margin: 0;">Confined Space Entry Permit</h2>	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#:
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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

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

Emergency Contacts		
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Position	Name	Contact Number
On-site Emergency Response		
Off-site Emergency Services (Ambulance/Fire)		
CS Manager/Administrator		
Raven RSM Director/Office		
Rescue Team Leader		

Pre-Entry Safety Briefing			
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Pre-purge gas testing complete (see reverse).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Prior to the safety briefing, the confined space site supervisor has reviewed and confirmed that the Hazard Assessment and Safe Work Procedures are in agreement with the planned work and accurately represent the hazards and associated controls.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Safe Work Procedures and Rescue Plan reviewed with all confined space workers and rescuers (review should focus on information necessary to perform the work safely).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do workers/rescuers agree that 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
* 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
* Is the confined space entry attendant present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

* Is the first aid attendatn on site? Name of first aid attendant_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
* Are rescue personnel on site and notified of entry and expected duration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
* Is the entry and rescue/retrieval equipment fully rigged and in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
* PPE and equipment ha been inspected and is in good condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
* Entrants are physically & mentally fit for entry (no phobias, or limitations)?	<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
* Post-purge gas testing complete (see reverse).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Initial Gas Testing Log - Pre-purge and post-purge. (Can be completed by Attendant or Supervisor**)**

Numeric values must be recorded on gas testing log

Gas Tester Make/Model:_____	Date of Callibration/bump test:_____	<input type="checkbox"/> Calibration	<input type="checkbox"/> Bump
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Pre-Purge Measurements

	O2 (%)	LEL	CO	H2S	Time
Opening					
1/2 Way					
Bottom					

Post-Purge Measurments

	O2 (%)	LEL	CO	H2S	Time
Opening					
1/2 Way					
Bottom					

Numeric values must be recorded on gas testing log. Time between each test/person check must not exceed 20 minutes.

Name	Role	Company	Signature

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

Site Supervisor Name:

Signature:

Entry Log (Can be completed by Attendant or Supervisor**)**

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

Gas Testing Log (Can be completed by Attendant or Supervisor**)**

Numeric values must be recorded on gas testing log. Time between each test/person check must not exceed 20 minutes.

Time	O2 (%) 20.7% - 21.1%	LEL (%) 0%	CO < 2.5ppm	H2S < 1ppm	Initials

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*****

