|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Date Issued | Time Issued | Date Expires | Time Expires |

Location and Description of work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special hazards:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Hazard: | Yes | No | Hazard: | Yes | No | Notes: |
| Toxic Gasses | [ ]  | [ ]  | Steam | [ ]  | [ ]  |  |
| Liquid Chemicals | [ ]  | [ ]  | Falls > 6 ft. | [ ]  | [ ]  |  |
| Fire or Explosion | [ ]  | [ ]  | Mechanical Hazards | [ ]  | [ ]  |  |
| Cave In | [ ]  | [ ]  | Other | [ ]  | [ ]  |  |

**Entry Team:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Function | Names | Trained? | Names | Trained? |
| Entry Supervisor |  | [ ]  |  | [ ]  |
| Safety Monitor |  | [ ]  |  | [ ]  |
| Entrants: |  | [ ]  |  | [ ]  |
|  |  | [ ]  |  | [ ]  |
|  |  | [ ]  |  | [ ]  |

**Rescue Resource:**

|  |  |  |
| --- | --- | --- |
| Name | Phone | Availability Confirmed? [ ]  |

**Required Personal Protective Equipment:**

|  |  |  |  |
| --- | --- | --- | --- |
| Body Harness | [ ]  | Chemical Gear | [ ]  |
| Safety Glasses w/ Side shields | [ ]  | Respirator Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  |
| Goggles | [ ]  | Hard Hat | [ ]  |
| Face Shield / Welding Helmet | [ ]  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  |

**Entry Conditions:**

|  |  |  |  |
| --- | --- | --- | --- |
| Ventilation Required & Provided | [ ]  | Rescue Equipment Required & Provided? | [ ]  |
| SCBA Required & Provided?  | [ ]  | Lock out/ Tag Out &Blinding Verified? | [ ]  |
| Means of Entrance/Egress Satisfactory? | [ ]  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  |

**Air Quality Testing:**

|  |  |  |  |
| --- | --- | --- | --- |
| Test Instrument Mfr: |  | Oxygen Level: | % |
| Calibration Date: |  | By: | Lower Explosive Limit (LEL): | % |
| Field Check Date: |  | By: | Toxic Gas Level: | % |

Permit Issued by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print) First Name MI Last Name Date

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: This form must be posted at confined space entry point. Safety Monitor and Entrants must read and initial back side. On completion of entry, this form must be filed in safety project file.*