

Permit to Work: Confined Space Entry Permit

Date Issued:	Time Issued:
Date Expires:	Time Expires:
Location of Confined Space:	
Description of Confined Space:	
Is the declassification procedures being used Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If declassification procedures are being utilized, supporting documentation must be completed and maintained with the permit).</i>	
Purpose of Entry/Work to be performed:	

CONFINED SPACE REQUIREMENTS (CHECK BOXES THAT APPLY)

Equipment Preparation	Communication	Emergency Preparedness
<input type="checkbox"/> Lines Blocked and/or Bleed/ or Bypassed	<input type="checkbox"/> Job Planning/JHA Completed	<input type="checkbox"/> Emergency Plans Reviewed
<input type="checkbox"/> Lockout/Tagout Procedures Applied	<input type="checkbox"/> All Personnel Trained	<input type="checkbox"/> Assembly Points Established
<input type="checkbox"/> Lines Disconnected	<input type="checkbox"/> Pre-Task Safety Toolbox	<input type="checkbox"/> Rescue Team On Site
<input type="checkbox"/> All Liquid Drained	<input type="checkbox"/> Protocols & Work Procedure Reviewed	<input type="checkbox"/> Non-Entry Rescue
<input type="checkbox"/> Air Movers (mechanical ventilation)	<input type="checkbox"/> SDS Reviewed and Accessible	<input type="checkbox"/> Retrieval System Available
<input type="checkbox"/> Adjacent Areas Protected from Sparks	<input type="checkbox"/> Communication Method	<input type="checkbox"/> Full Body Harness Required
<input type="checkbox"/> Hot Work Permit	<input type="checkbox"/> EHS Representative Notified	<input type="checkbox"/> Emergency Contact Montclair Fire Department (973) 655-5222
<input type="checkbox"/> Equipment Grounded	<input type="checkbox"/> Permit Posted	
PPE Equipment	Additional Safety Controls	Serious Hazards for Space
<input type="checkbox"/> Gloves	<input type="checkbox"/> Explosion Proof Equipment	<input type="checkbox"/> Electrical
<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Ventilation
<input type="checkbox"/> Air Monitoring (4 gas/single meter)	<input type="checkbox"/> Fire Extinguisher Type: _____	<input type="checkbox"/> Entrapment
<input type="checkbox"/> Respirator Type: _____	<input type="checkbox"/> Scaffolding	<input type="checkbox"/> Engulfment
<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Decontamination (wash) Facilities	<input type="checkbox"/> Chemical
<input type="checkbox"/> Face Shield	<input type="checkbox"/> Water/Liquid Available (Heat Stress)	<input type="checkbox"/> Heat/Cold
<input type="checkbox"/> Arc Flash PPE & Clothing	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Excessive Noise (>85 dba)
		<input type="checkbox"/> Other::

ATMOSPHERIC TESTING (Initial monitoring, and re-testing after space is unoccupied for 10 minutes or more)

Multi gas detector manufacturer: _____				SN: _____		Cal Date: _____	
Signature of Person Performing Atmospheric Test:						Date & Time:	
	Acceptable Limits	_____:_____ am/pm	_____:_____ am/pm	_____:_____ am/pm	_____:_____ am/pm	_____:_____ am/pm	_____:_____ am/pm
Oxygen	19.5 – 23.5%						
LEL	Below 10%						
CO	Below 25 ppm						
H2S	Below 10 ppm						
Sample for any known or potentially present toxic material concentrations.							
Cl2	Below 0.1 ppm						

I Certify that all actions and conditions necessary for safe entry have been performed.

Confined Space Entry Supervisor Signature:	Permit Start Time:
Confined Space Entry Supervisor Name Print Name:	Permit Valid Until:
Authorized Entrant Signature(s)	Attendant Signature(s):
Authorized Entrant Print Name(s)	Attendant Print Name(s):
Confined Space Entry Supervisor Signature & Time of Completion:	

Important: This permit will be valid for a maximum of eight (8) hours, end of current shift, end of job, or whichever event occurs first. Any unscheduled work stoppage and/or emergency condition will nullify this permit.