

**APPENDIX C - PERMIT ENTRY FORM**

Space to be Entered:	Date:
	Permit Expiration Date/Time:

Purpose of Entry:

Authorized Attendant(s):

Authorized Entrant(s):

Entry Supervisor:

Permit Space Hazard(s) (Check all that exist)	No	Yes		No	Yes
Flammable Gases or Vapors (greater than 10% of the lower flammable limit)			Mechanical Hazards		
Oxygen Deficiency (<19.5%)			Electrical Hazards		
Oxygen Enriched (>23.5%)			Materials Harmful to the Skin		
Toxic Gases or Vapors (greater than permissible exposure limit)			Engulfment		
Other: (list)					

**Hazard Controls (Circle all that exist):**

Lockout/Tagout	Purging	Ventilating	Inerting
Flushing	Block/Bleed	Blanking or Blinding	Barriers

**Equipment Required for Entry and Work (Specify all that apply):**

Respiratory Protection	Lifeline and Safety Harness
Protective Clothing	Hearing Protection
Spark Resistant Tools	Communication
Ventilation	Other

Required Acceptable Testing Conditions	Pre-Entry Results	Additional Testing Results				
		Time:	Time:	Time:	Time:	Time:
Oxygen Level (>19.5% and <23.5%)						
Flammability (<10% LEL)						
Carbon Monoxide (<25 ppm)						
Hydrogen Sulfide (<10 ppm)						
Other:						

Atmospheric Testing Equipment Used: (Model/Type/Serial #):

Atmospheric Testing Performed By: Phone:

**Rescue Information**

<b>Personnel/Service: (Circle all that apply)</b> Police Department Fire Department Fire Protection Services Outside Attendant	<b>Rescue Equipment:(List)</b>	<b>Phone Numbers:</b> Police Department – 911 Fire Department – 911
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**Authorization:** I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in this permit-required confined space.

Entry Supervisor Signature: Time: Date:

**Distribution of Copies: (1) Original to Department (2) EHS Office (3) Copy to:**

**Additional Permits Required (Hot work, Electrical, etc.)? YES NO**