

	Occupational Safety Program	<b>Confined Space Entry Permit</b>	Revision 0.0
	<b>Confined Space Entry Program</b>		Prepared by: <b>FHB</b>
	Form		8/28/2024

Permit to be completed by Entry Supervisor. Must post at entry. Valid during authorized period, 8 hr max.  
After 8 hr, a new permit is required.

General Information		Authorized Duration Period	
Confined Space ID/Type:		Start Date & Time	End Date & Time
Location:			
Task/Purpose of Entry:			
<b>Entry Personnel (List by Name or Attach Roster)</b>			
Authorized Entrants		Authorized Attendants	

Hazards & Controls		In Case of Emergency/Fire - 911; TUPD - 410-704-4444	
<b>Hazard (✓) Present:</b> <input type="checkbox"/> O <sub>2</sub> < 19.5% <input type="checkbox"/> O <sub>2</sub> > 23.5% <input type="checkbox"/> > 10% LFL <input type="checkbox"/> Heat <input type="checkbox"/> Airborne Combustible Dust (≥ LFL) <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Engulfment <input type="checkbox"/> Entrapment <input type="checkbox"/> Corrosive <input type="checkbox"/> Toxic <input type="checkbox"/> Other, Specify: _____	<b>Safety Equipment Required for Entry &amp; Work</b> PPE: Respiratory Protection: <input type="checkbox"/> N/A (No Air Hazards) <input type="checkbox"/> SAR/Airline <input type="checkbox"/> SCBA (Either Must Use Full-Face) Atmospheric Monitoring Device (Mfr., Model No.): _____ Communication: <input type="checkbox"/> Radio <input type="checkbox"/> Vocal <input type="checkbox"/> Other Rescue/Retrieval: <input type="checkbox"/> Body Harness/D-Ring <input type="checkbox"/> Davit <input type="checkbox"/> Anchor/Tripod <input type="checkbox"/> Winch <input type="checkbox"/> Wristlet Lighting, Explosion-Proof: <input type="checkbox"/> Built-In <input type="checkbox"/> Portable Ventilation: <input type="checkbox"/> Natural <input type="checkbox"/> Mechanical (Forced Air) Barrier To Entry: <input type="checkbox"/> A-Frame/Portable Barricade <input type="checkbox"/> Fence/Gate <input type="checkbox"/> Tape <input type="checkbox"/> Other _____ Other: <input type="checkbox"/> Alarm System <input type="checkbox"/> EW/SS <input type="checkbox"/> Fire Extinguisher		
	<b>Entry Preparation (✓ as completed):</b> <input type="checkbox"/> Notify Affected Areas Isolation: <input type="checkbox"/> LOTO <input type="checkbox"/> Blank/Blind <input type="checkbox"/> Purge/Clean <input type="checkbox"/> Inert <input type="checkbox"/> Atmospheric Test <input type="checkbox"/> Barriers <input type="checkbox"/> Ventilate <input type="checkbox"/> Other Personnel: <input type="checkbox"/> Notify of Pre-Entry Hazards & Control Methods <input type="checkbox"/> Notify Contractors of Permits, Hazards, & Controls Add'l Permits (Must Attach): <input type="checkbox"/> Hot Works <input type="checkbox"/> Other <input type="checkbox"/> Communication Procedures. Explain: _____ <input type="checkbox"/> Rescue Procedures. Explain: _____		

Testing Record	Atmospheric Monitoring Conditions - Acceptable Range for Initial and Continuous Entry								Tester Initials
	O <sub>2</sub> (19.5-23.5%)	Flammability (< 10% LFL)	H <sub>2</sub> S (< 10 ppm)	CO (< 35 ppm)	SO <sub>2</sub> (< 2 ppm)	Cl <sub>2</sub> (< 0.5 ppm)	Other ( ) ( )	Temp. (°F)/ RH%	
Time (AM/PM)	Results (Attach Additional Results Sheet As Necessary)								
								/	
								/	
								/	
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<b>Authorization - Entry Supervisor</b>	I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in this confined space.		
Name (Please Print)	Signature	Date	Time