



CEsafety

CONFINED-SPACE ENTRY PERMIT

Describe work area, work to be done, and equipment affected by the work

Scheduled start _____ Scheduled finish _____
_____ AM _____ AM
Day Date Time Day Date Time
PM PM

Mechanical, work group, or contractor firm _____

Type of Hazardous Work

Combustion Hazards Spark Producing
Welding _____ Chipping _____ Electrical _____
Burning _____ Grinding _____ Rotating space _____
Open flame _____ Drilling _____ Task-generated _____

Other Hazards

- Toxic material _____ Spilled material _____ Adjacent processes _____ Working on unguarded equipment
Corrosive material _____ Flammable material _____ Hot equipment or process _____ Other _____
Biological agents _____ Electrical close clearance _____ Radioactivity _____
Chemical and jet cleaning _____ Fall prevention _____ Tightening joints under pressure _____
Disconnect and blank _____ Hazardous materials from drains, sumps _____ Welding fumes and heat _____

Safety Preparations

Personal Safety

- Protect against _____ by _____
- Fresh air blower
- Fresh air mask
- Escape air pack
- Dust respirator
- Coveralls
- Safety shower
- Acid suit
- Acid hood
- Face shield
- Chemical goggles
- Rubber gloves
- Telephone
- Location/type of additional assistance (third alternate) _____
- Remarks _____

- Rubber boots
- Ear protection
- Other barrier clothing _____
- Evacuation instructions
- Two escape routes
- Life-line harness
- Life-line belt/wristlets
- Chemically resistant lifeline
- Fire alarm box
- Escape ladders
- Mechanical extraction device

Space Preparation

- Isolate
- Lockout/tagout
- Disconnect and blank
- Post hot work signs & permit
- Rope off work area
- Erect barricade
- Block roadway
- Protect against external hazards
- Ventilation
- Spark containers and shields
- Welding-arc protection
- Ground fault interruption
- Proper grounding

Equipment Cleaning and Draining

- Steam _____
- Fill and drain _____
- Remove deposits _____
- Visual inspection _____
- Neutralize contents _____

Fire Safety

- Specify fire watch in "Remarks"
- Area alarm no. _____
- Fire hose laid out
- Water hose running
- Keep area wet
- Cover sewer openings
- CO₂ extinguisher
- Dry powder extinguisher
- Other _____
- Only battery, pneumatic or hand operated tools in use

Gas Tests

- Initial Monitoring
 - Continuous monitoring
 - Periodic monitoring
- Monitoring frequency _____
- Acceptable atmospheric conditions < 10% LEL between 19.5 and 23.5 % <
- 20 ppm < 0.5%
- Time / Location Explosibility Oxygen CO

CO2 Authorized gas tester

Test in confined space

Test in confined space

Test in area

Remarks _____

Authorization (please print your name & sign)

signed

Read, understood, and

Entry supervisor _____

Entrant(s) _____

Landlord _____

Attendant(s) _____

Operations personnel
to be contacted _____

Work Permit

VALID FROM _____

To _____

_____ AM
Day Date Time
PM

_____ AM
Day Date Time
PM

Work Permit

CANCELED _____

By Date Reason

Means to contact rescue services _____

Confined-Space Entry Log

Vessel ID

Unit/Location

