SECTION I – SAFE WORK PLANNING (MAXIMUM DURATION OF PERMIT IS ONE WORKING SHIFT)		
AREA/PHASE:		
DESCRIPTION OF TO BE ENTERED:		
REASON FOR ENTRY:		
INDIVIDUALS ENTERING CONFINED SPACE (IF MORE INDIVIDUALS NEED TO BE LISTED, CREATE AN ATTACHMENT TO THIS FORM)		
1.		
2.		
3.		
SAFETY ATTENDANT:		
DATE/TIME OF ACTUAL WORK (MAX ONE SHIFT):		
DESCRIPTION OF JOB HAZARD		
MIXER: ☐	WELDING FUMES: ☐	STEAM: ☐
ENGULFMENT: ☐	PRODUCT INFEED: ☐	SLIPPERY: ☐
FALL HAZARDS: ☐	MECHANICAL: ☐	TEMPERATURE: ☐
CHEMICAL: ☐	OTHER: ☐	
IDENTIFY THE REQUIRED PERSONAL PROTECTIVE EQUIPMENT		
SAFETY GLASSES: ☐	PROTECTIVE CLOTHING: ☐	FACESHIELD: ☐
GOGGLES: ☐	RUBBER BOOTS: ☐	HEAD PROTECTION: ☐
HEARING PROTECTION: ☐	RESPIRATORY: ☐	GLOVES: ☐

SPECIAL INSTRUCTIONS/INCLUDE ALL OTHER PPE NEEDS:
SPECIFY OTHER PPE NEEDS: ☐
LOOK OUT REQUIRED? ☐
AREA BARRACADED (SIGNS/TAPED OFF)? ☐
VENTILATION/AIR MOVERS REQUIRED? ☐
LIGHTING/EQUIP/TOOLS (LOW VOLTAGE/GFCI)? ☐
TRIPOD/HOIST ESCAPE UNIT? ☐
HARNESS/WRISTLETS/RETRIEVAL LINE? ☐
FALL PROTECTION LIFELINE? ☐
LINE/VESSEL FLUSHED OR INERTED? ☐
CONTINUOUS AIR MONITORING REQUIRED? ☐
RESPIRATOR PROTECTION REQUIRED? ☐
COMMUNICATION DEVICE REQUIRED? ☐
INFEED LINES BLANKED/DISCONNECTED? ☐

`SECTION II – REQUIRED AIR MONITORING
NOTE: INITIAL TEST(S) MUST BE CONDUCTED PRIOR TO BEGINNING WORK TO VERIFY SPACE CONDITIONS. TESTING MUST BE DONE CONTINUOUSLY WHILE WORK IS IN PROGRESS.
FREQUENCY: CONTINUOUS (DURING ENTRY TESTING RESULTS MUST BE DOCUMENTED AT LEAST ONCE EVERY 30 MINS)
TIMES MONITORED/INITIALS OF TESTER:
TIMES: INITIALS:

CONTAMINANT	ENTRY LIMITS:	PRE-ENTRY TESTS:	TEST DURING ENTRY:														
OXYGEN	19.5% 23.5%																
L.E.L COMBUSTABLE	BELOW 10%																
HYDROGEN SULFIDE	10.0 PPM OR <																
CARBON MONOXIDE	35 PPM OR <																
OTHER																	

INSTRUMENTS USED:	TYPE/ID:	CALIBRATION DATE:	FIELD TESTED:	PERSON TESTING

IS SPACE ELIGIBLE FOR RECLASSIFICATION TO NON-PERMIT? YES ☐ NO ☐

SECTION III – WORK APPROVAL (MAXIMUM – ONE WORKING SHIFT) PRINT AND INITIAL

ENTRY SUPERVISOR (MAINTENANCE TEAM LEADER OR CONTRACTOR FOREMAN)	**ENTRY SUPERVISOR**
DEPARTMENT SUPERVISOR	**DEPARTMENT SUPERVISOR**

SECTION IV – PERMIT CLOSURE FOLLOW – UP/NEW SAFE WORK PERMIT ISSUED

HAS ASSIGNED WORK BEEN COMPLETED?

YES ☐ JOB COMPLETED AND SITE CLEANED; ALL BLANKS, TAGS AND LOCKS REMOVED; BARRICADES REMOVED; AND EQUIPMENT CHECKED FOR LEAKS, GUARDS REPLACED, ETC.

NO ☐ NEW SAFE WORK PERMIT WILL BE REQUIRED TO COMPLETE ASSIGNED WORK.

ENTRY SUPERVISOR:

SIGN: DATE: