CONFINED SPACE ENTRY PERMIT

**Page 1**

POST AT POINT OF ENTRY

**(Good for one shift only/ completed per entry)**

**Job Site Job No.**

**Confined Space Location**

**Shift Shift Supervisor**

**Date Time Start Time Stop**

PROCEDURES TO ENTER AND MONITOR SPACE:

**Type of ventilation (required)**

**Air monitoring completed (See next page)**

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| --- | --- | --- | --- | --- | --- | --- |
| **Print Name** |  | **Signature\*** |  | **Date** |  | **Duty** |
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**\* I certify I have been trained in entrance, emergency procedures and my assigned duty.**

 **Trainer’s Name Trainer’s Signature\*\* Date**

**\*\* I certify I have trained each attendant, entrant and supervisor to entrance procedures, emergency procedures and his assigned duty, as outlined in Section 18 of the Safety Manual.**

 **Exhibit 18A**

**CONFINED SPACE ENTRY PERMIT**

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**ENVIRONMENTAL MONITORING:**

 **Date By**

**Sampling Equipment Used: Type Serial # Calibrated Whom**

**Test Conducted: Time Results Time Results**

 % %

 % %

 % %

**EMERGENCY PROCEDURES**

If any emergency should occur, first summon help. Do not enter a confined space until qualified help arrives and entry can be made safely. If a person is down for no apparent cause, you must assume that toxic gases or oxygen deficiency could exist—do not enter without full protective gear and self-contained breathing devices.

 Rescue services are to be provided by the client.

 Rescue services provided by outside service. Outside rescue service must

 examine entry site and practice rescue if applicable.

EMERGENCY CALL

Signed

 Qualified Person Phone/Pager

Company Name:

Exhibit 18A