

VSC FIRE & SECURITY CONFINED SPACE ENTRY PERMIT

GENERAL INFORMATION

Location/Building: _____

Purpose of Entry: _____

Space to be Entered: _____

POTENTIAL HAZARDS

- Oxygen deficiency
- Oxygen enrichment
- Flammable gases or vapors
- Airborne combustible dust
- Toxic gases or vapors
- Mechanical hazards
- Electrical shock
- Materials harmful to skin
- Engulfment
- Obstacles/fall hazards
- Gravity (loose ladder, brick, etc)
- Heat or cold stress
- Noise
- Other _____

EQUIPMENT REQUIRED FOR ENTRY AND WORK

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Respiratory Protection | <input type="checkbox"/> Hard Hat | <input type="checkbox"/> Barriers |
| <input type="checkbox"/> Air Sampling Instruments | <input type="checkbox"/> Eye Protection | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Ventilation Equipment | <input type="checkbox"/> Ear Protection | <input type="checkbox"/> Harness |
| <input type="checkbox"/> Mechanical Lifting Device | <input type="checkbox"/> Face Protection | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Retrieval Devices | <input type="checkbox"/> Scaffolding | _____ |
| <input type="checkbox"/> Protective Clothing | <input type="checkbox"/> Ladders | _____ |

COMMUNICATION PROCEDURES

Between Attendant and Entrant:

- Radio Tug-Line Signals Other _____

Between Attendant and Emergency Service:

- Radio Telephone Visual Other _____

AUTHORIZED ATTENDANTS (List by name)

AUTHORIZED ENTRANTS (List by name or attach roster)

PREPARATION FOR ENTRY (Check after steps have been taken)

- Notification of affected departments of service interruption.
- Isolation methods:
 - Purge/clean Lockout/tagout Blank/blind
 - Atmospheric Test Inert Ventilate
- Personal Awareness:
 - Pre-entry briefing on specific hazards and control methods
 - Notify contractors of permit and hazard conditions
 - Other: _____
- Additional permits required and/or attached:
 - Hotwork Line breaking Other _____

EMERGENCY SERVICE:

Name of Service _____
 Phone Number _____
 Name of Service _____
 Phone Number _____

ATMOSPHERIC TESTING RESULTS (INITIAL & PERIODIC – at least every hour)

Time	Oxygen (>19.5 <23.5%)	Combustible Gases (<10% LEL.LFL)	Temperatures °F/°C	(Other)	(Other)	(Other)	Tester Initials
Pre-entry	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

AUTHORIZATION BY ENTRY SUPERVISOR

PERMIT INITIATED (Print Name) _____ (Signature) _____ (Date) _____ (Time) _____

ENTRY CANCELLED BY (Print Name) _____ (Signature) _____ (Date) _____ (Time) _____

THINK SAFETY BE SAFE TODAY!