SSD-022

CONFINED SPACE ENTRY PERMIT

Authorize entry only after hazards are assessed, the space is isolated, the atmosphere is acceptable, and rescue capability is confirmed.

2 Project Information		**3 Permit Number**	
5 Jobsite Location		**4 Date**	
1 Company Information		**12 Entry Start Date and Time**	Date: _____ Time: _____
6 Confined Space Identification		**13 Permit Expiration Date and Time**	
8 Entry Supervisor		**10 Attendant**	

1–13 Permit, Space, and Entry Team Information Define the space, work, entry roles, and permit limits.

7 Description of Work / 9 Authorized Entrants	11 Rescue Service Information
Description of work: _____ Authorized entrants: _____ _____ Space classification verified: ☐ Permit-required ☐ Non-permit	Rescue service/provider: _____ Contact / dispatch method: _____ Response capability confirmed: ☐ Yes ☐ No Site access / space information provided: ☐ Yes ☐ No Rescue equipment / retrieval method: _____

Permit Validity This permit applies only to the identified confined space, described work, authorized personnel, and stated entry period.

TEST / LIMIT	OXYGEN	LEL	CARBON MONOXIDE	HYDROGEN SULFIDE	OTHER
ACCEPTABLE RANGE	_____ to _____ %	Less than _____ %	Less than _____ ppm	Less than _____ ppm	Limit: _____

Test the atmosphere in the required order and frequency. Record oxygen, flammables, toxic contaminants, equipment, tester, and time.

DO NOT ENTER or immediately evacuate if conditions are outside acceptable limits, an alarm activates, communication fails, ventilation stops, or a prohibited condition develops.

14 Atmospheric Testing Log Record pre-entry and periodic readings; use site-specific limits when more protective.

DATE / TIME	OXYGEN (%)	LEL (%)	CARBON MONOXIDE (ppm)	HYDROGEN SULFIDE (ppm)	OTHER / UNITS	TESTER / INITIALS
Pre-entry	Hot work area inspected; fire hazards identified; permit boundaries established			L:__ S:__ R:__	L:__ S:__ R:__	
Entry start	Combustible materials removed at least the required distance or protected with approved covers/curtains			L:__ S:__ R:__	L:__ S:__ R:__	
Periodic check 1	Openings, penetrations, floors, walls, and opposite-side exposures protected from sparks and heat			L:__ S:__ R:__	L:__ S:__ R:__	
Periodic check 2	Fire extinguishers available, accessible, inspected, and appropriate for the hazards			L:__ S:__ R:__	L:__ S:__ R:__	
Periodic check 3	Fire watch assigned when required; personnel trained, equipped, and aware of alarm/emergency procedures			L:__ S:__ R:__	L:__ S:__ R:__	
Periodic che	Gas monitoring and ventilation			L:__ S:__	L:__ S:__	

DATE / TIME	OXYGEN (%)	LEL (%)	CARBON MONOXIDE (ppm)	HYDROGEN SULFIDE (ppm)	OTHER / UNITS	TESTER / INITIALS
ck 4	requirements satisfied; readings documented where applicable			R:__	R:__	
Final / closeout	Equipment, PPE, permits, communications, and post-work monitoring arrangements verified			L:__ S:__ R:__	L:__ S:__ R:__	

Record instrument units and acceptable limits. Testing must be performed by a qualified person using calibrated, function-checked equipment.

Control Priority: Eliminate entry when feasible → isolate energy and material hazards → clean/purge/ventilate → monitor atmosphere → provide PPE, communications, attendant, and rescue capability.

15–22 Equipment, Isolation, Ventilation, Communication, PPE, Hazards, and Emergency Planning

16 Isolation Methods (LOTO, Blanking, Disconnects)	20 Required Personal Protective Equipment (PPE)
☐ Lockout/tagout (LOTO) applied and verified ☐ Lines blanked / blinded ☐ Lines disconnected / capped ☐ Mechanical devices blocked / secured ☐ Electrical sources disconnected / isolated ☐ Contents drained / cleaned / purged ☐ Inlets / engulfment hazards controlled Isolation points / procedure reference: _____	☐ Hard hat ☐ Safety glasses / goggles ☐ Face shield ☐ Gloves - type: _____ ☐ Protective clothing: _____ ☐ Protective footwear ☐ Hearing protection ☐ Respiratory protection: _____ ☐ Fall protection / retrieval harness ☐ Other: _____

18–22 Ventilation, Communication, Required Equipment, Hazard Assessment, and Emergency Procedures

17 Ventilation Requirements	☐ Natural ☐ Forced air ☐ Local exhaust	**18 Communication Methods**	☐ Voice ☐ Radio ☐ Hard-line ☐ Visual ☐ Other
Ventilation Equipment / Air Source		**Entrant-Attendant Communication Check**	☐ Verified Frequency: _____
21 Hazard Assessment	☐ Atmospheric ☐ Engulfment ☐ Mechanical ☐ Electrical	**22 Emergency Procedures**	Alarm / evacuation signal: _____
Additional Hazards / Controls		**Emergency Contact / Muster Point**	

Permit References and Required Supporting Documents

15 Testing Equipment Information	Instrument / model / serial: _____	Calibration / bump test date: _____	Sampling method: ☐ Remote ☐ Direct
19 Required Equipment Checklist	☐ Ventilator ☐ Monitor ☐ Lighting	☐ Tripod/winch ☐ Harness ☐ Barricade	☐ Communications ☐ Rescue PPE ☐ Other

Permit Change / Evacuation Trigger

EVACUATE and cancel or suspend entry when the scope, space conditions, isolation, atmosphere, ventilation, entrants, attendant, rescue service,

communication, equipment, weather, adjacent operations, or other permit conditions change; when an alarm occurs; or when the permit expires.

Do not re-enter until hazards are reassessed, controls are restored, atmospheric testing is acceptable, and entry is reauthorized.

Permit Suspension / Reauthorization Number		**Reauthorization Date / Time**	
Changed Condition / Additional Controls		**Reauthorized By**	

23 Pre-Entry Authorization Signatures confirm required safeguards, testing, roles, equipment, and rescue arrangements were verified.

ENTRY ROLE / AUTHORIZATION	PRINTED NAME	SIGNATURE	DATE / TIME
Entry Supervisor			
23 Pre-Entry Authorization			
Attendant			
Rescue Service Confirmation			

24–27 Entry Log, Permit Closeout, Final Approval, and Retention: Account for every entrant and document cancellation or completion.

By signing, I confirm that I understand the space hazards, entry conditions, assigned role, required controls, communications, evacuation signals, rescue procedures, permit limits, and stop-work responsibilities.

24 ENTRY LOG - AUTHORIZED ENTRANT	TIME IN	TIME OUT	STATUS / INITIALS
Entrant 1			
Entrant 2			
Entrant 3			
Entrant 4			
Entrant 5			
Entrant 6			
Entrant 7			
Entrant 8			
All entrants accounted for: ☐ Yes ☐ No			
Additional entry / evacuation notes			

23 Pre-Entry Authorization | 24 Entry Log | 25 Permit Cancellation/Closeout | 26 Supervisor Final Approval | 27 Record Retention

25 Permit Cancellation/Closeout	☐ Work complete ☐ Suspended ☐ Prohibited condition ☐ Expired	**Cancellation / Closeout Date and Time**	
26 Supervisor Final Approval	☐ All entrants accounted for ☐ Space secured ☐ Isolation status transferred	**Final Approval / Comments**	
27 Record Retention Location / Period		**Permit Closed / Retained By**	

IMPORTANT: This permit supports confined-space entry control but does not replace applicable laws, owner requirements, site procedures, rescue plans, manufacturer instructions, competent-person duties, or professional judgment. The employer remains responsible for space classification, hazard control, qualified testing, trained entry personnel, effective rescue capability, permit closeout, and record retention.