

Confined Space Entry Permit

| New & Renovated Commercial Construction Projects | |
|---|--|
| Name and Location of Confined Space: | |
| Description of work to be performed: | |
| Craft/Group to enter: | |
| Date of Entry: | |
| Previous contents of confined space: | |
| Any Hazardous Materials or fumes to be generated by work: | |

| VESSEL OR SPACE PREPARATION REQUIREMENTS | | | | | |
|--|-----|----|-----|-------------------------|-------------------------|
| | Yes | No | N/A | Supervisor (Initial) | Safety Rep (Initial) |
| Drain, Flush, Clean | | | | | |
| Lock, Tag and Try: | | | | | |
| Disconnect Lines: | | | | | |
| Blank Lines: | | | | | |
| Open Manholes: | | | | | |
| Forced Ventilation: | | | | | |
| Agitator out of Service: | | | | | |
| Radioactive sources removed or shielded: | | | | | |
| Ground Cable Meggered | | | | | |
| GFCI on Voltage >12V | | | | | |
| Lifeline and harness available for entrance: | | | | | |
| 30 min Air Pack or air supplied respirator available for entrance: | | | | | |

ATMOSPHERIC ANALYSIS

| | Results | (Initial) Person Testing |
|------------------------|---------|--------------------------|
| Oxygen (O2 19.5% min.) | | |
| Carbon Monoxide (CO): | | |
| Carbon Dioxide (CO2): | | |
| Explosivity | | |
| Other - specify: | | |

| | |
|----------------------------------|----------------------------|
| Authorized and Trained Entrants: | Stand-by Person(s): |
| | |
| | |
| | |
| | Rescue Provided by: |
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Approvals:

MAPP Superintendent _____

HSE Representative (if applicable) _____

Client Representative _____

Other _____

Confined Space Authorized Entrants Sign-in/Sign-out Log

Stand-By Attendant Name: _____ Date _____

Project#: _____ Project Name: _____

| NAME | Permit Authorized Entrant? | | Time In | Time Out | Time In | Time Out | Time In | Time Out |
|------|----------------------------|----|---------|----------|---------|----------|---------|----------|
| | Yes | No | | | | | | |
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