



CONFINED SPACE ENTRY PERMIT

Okaloosa County, Florida

PRE-ENTRY CHECKLIST

YES	N/A		YES	N/A	
		Entry area is free from debris and objects			Non-sparking tools
		Warning barriers and signs are in place			Low voltage (less than 25v) lighting used
		Atmospheric monitoring conducted			Electrical equipment rated for explosive atmospheres
		All hazardous lines have been isolated			No compressed gas cylinders present in confined space
		Hot work permitted (welding, cutting, grinding, etc.)			Host employer and/or contractor notified
		All energy sources have been neutralized/locked out			Entry and emergency procedures have been reviewed
		Confined space has been drained and flushed			All personnel have been trained in confined space entry
		Forced air or exhaust ventilation is provided			All personnel have been informed of potential hazards
		Electrical equipment is grounded or bonded			Attendant stationed at entrance and properly instructed
		Ground Fault Circuit Interrupters (GFCI) provided			Rescue equipment on location and readily accessible

PROTECTIVE EQUIPMENT

YES	NO		YES	NO		YES	NO	
		Hard Hat			Protective Clothing			Communications Equipment
		Eye/Face Protection			Hearing Protection			Respirator (type):
		Boots			Retrieval Device			Fire Extinguisher (type) :
		Gloves			Harness & Lifeline			Other:

TESTING EQUIPMENT

Instrument Type:	Instrument Name:
Instrument Number (if available):	Name of Person Performing Test:
Calibration Date:	

AUTHORIZATION

Entry Supervisor's Signature:		Date:	
Print Name		Initials	
Date			
Attendant			
Attendant			
Entrant			
Entrant			
Entrant			
Entrant			

Air sampling results recorded on back of this sheet

Return permit to supervisor when work is complete

AIR SAMPLING RESULTS

Use of this permit is mandatory for any entry into permit required confined spaces. Failure to follow outlined procedures in Okaloosa County's Safety & Risk Manual concerning permit required confined space procedures could result in disciplinary action up to termination.

PERMIT EXPIRES 12 HOURS FROM INITIAL ENTRY

Confined Space Location:	Entry Purpose:	Date:
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Hour	Atmospheric Check Time	Atmospheric Conditions			Ventilation		Entry Time	Exit Time	Signature Qualified Person
		Oxygen	Combustible	Toxic	Yes	No			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

<p>NOTE: Opposite side of page must be filled out for permit to be valid. Data must be reentered (minimum) each hour the confined space is occupied.</p>	<p>Minimum atmospheric entry conditions are:</p>	<p>Oxygen – between 19.5% - 23.5% Combustible – less than 10% LEL Toxic – less than 10 ppm</p>
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