



# OCBCC Confined Space Entry Permit

Date: \_\_\_\_\_ Permit Start Time: \_\_\_\_\_ Permit End Time: \_\_\_\_\_

## Description of Space

Location and Name of Confined Space: \_\_\_\_\_  
Purpose for the Entry: \_\_\_\_\_

## Name & Location of nearest Fire Dept.

\_\_\_\_\_

## Entry Checklist

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Potential Hazards Identified?                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Communications established with Entrant?       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Entrants and Attendants Trained?               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Isolation of Energy Completed                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Emergency Escape Retrieval Equipment available | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Personal Protective Equipment Used?            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Atmospheric Hazards Identified?                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Physical Hazards Identified?                   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

## Confined Space Equipment and PPE Used During Entry:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Tripod with Mechanical Winch        | <input type="checkbox"/> Air Purifying Respirator               | <input type="checkbox"/> Gloves _____                |
| <input type="checkbox"/> Rescue Tripod with Lifeline         | <input type="checkbox"/> Self Contain Breathing Apparatus       | <input type="checkbox"/> Chemical Resistant Clothing |
| <input type="checkbox"/> Harness                             | <input type="checkbox"/> Steel Toe Boots                        | <input type="checkbox"/> Hearing Protection          |
| <input type="checkbox"/> Two-way Communication               | <input type="checkbox"/> Hard Hat                               | <input type="checkbox"/> Other PPE _____             |
| <input type="checkbox"/> General / Local Exhaust Ventilation | <input type="checkbox"/> Safety Glasses / Goggles / Face Shield | <input type="checkbox"/> Other PPE _____             |

## Air Monitoring Results Prior to Entry

Monitor Type: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Oxygen \_\_\_\_\_ % LEL \_\_\_\_\_ % CO \_\_\_\_\_ % H2S \_\_\_\_\_ %

Calibration Performed?  YES  NO Initials \_\_\_\_\_

Initial Monitoring Performed by (print) \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

## Continuous Air Monitoring Results

Time _____	Oxygen _____ %	LEL _____ %	CO _____ %	H2S _____ %
Time _____	Oxygen _____ %	LEL _____ %	CO _____ %	H2S _____ %
Time _____	Oxygen _____ %	LEL _____ %	CO _____ %	H2S _____ %
Time _____	Oxygen _____ %	LEL _____ %	CO _____ %	H2S _____ %
Time _____	Oxygen _____ %	LEL _____ %	CO _____ %	H2S _____ %

## Authorization

We have reviewed the work authorized by this permit and the information contained here-in. Written instructions and safety procedures have been received and understood. Entry cannot be approved if any squares are marked in the "NO" column. This permit is not valid unless all appropriate items are completed. This permit is to be kept at the jobsite. Return site copy to the Supervisor.

Entry Supervisor Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ATTENDANTS/ENTRANTS SIGN-IN

Attendants Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attendants Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attendants Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Entrants Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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