## Entry Permit Form (1 of 2)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Permit date:** | /  / | | **Work shift:**  1st  2nd  3rd | **Expires:** | /  / |
| Time started: | | |  | | | | |
| Permit space to be entered (name and location of space): | | |  | | | | |
| Purpose of entry: | | |  | | | | |

**Names of trained, authorized individuals**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | Entry supervisor: | | |  | | | |  | |
|  | | Entry attendant: | | |  | | | |  | |
|  | | Authorized entrants: | | |  | | | |  | |
|  | | Authorized entrants: | | |  | | | |  | |
|  | |  | | |  | | | |  | |
| **Emergency contact information** | | | | | | | | |
| Emergency responder: | | |  | | Phone number: | |  | |
| Contact person: | |  | | | | Time: |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Pre-entry requirements** | | | | | | | | | | | | | | | | | | | |
| **Requirements** | | **Yes** | **No** | | **N/A** |  | **Requirements** | | | | | | | **Yes** | | **No** | **N/A** | | |
| Lockout - tagout/de-energize | |  |  | |  |  | Hot work permit | | | | | | |  | |  |  | | |
| Pipes(s) broken or capped or blanked | |  |  | |  |  | Fall arrest harness/lifeline/tripod | | | | | | |  | |  |  | | |
| Purge or flush or drain | |  |  | |  |  | Personal protective equipment | | | | | | |  | |  |  | | |
| Ventilation (natural or mechanical) | |  |  | |  |  |  | | *Hardhat* | | | | |  | |  |  | | |
| Secure area | |  |  | |  |  |  | | *Gloves* | | | | |  | |  |  | | |
| Safe lighting | |  |  | |  |  |  | | *Safety glasses* | | | | |  | |  |  | | |
| Non-sparking tools | |  |  | |  |  |  | | *Respirator, type* | | | | |  | |  |  | | |
| Communication method | |  |  | |  |  |  | | *Other PPE:* | | | | |  | |  |  | | |
| Contractor employees involved | |  |  | |  |  |  | | *Other PPE:* | | | | |  | |  |  | | |
| **Space-monitoring results** | | | | | **Test 1** | | | | | | **Test 2** | | **Test 3** | | | **Test 4** | | | |
| **Monitor at least every four hours** | | **Permissible entry levels** | | | Time:  Initial: | | | | | | Time:  Initial: | | Time:  Initial: | | | Time:  Initial: | | | |
| Percent oxygen | | 19.5% to 23.5% | | |  | | | | | |  | |  | | |  | | | |
| Combustible gas | | Less than 10% LEL | | |  | | | | | |  | |  | | |  | | | |
| Other toxic gas | |  | | |  | | | | | |  | |  | | |  | | | |
| Other toxic gas | |  | | |  | | | | | |  | |  | | |  | | | |
| Other toxic gas | |  | | |  | | | | | |  | |  | | |  | | | |
| **Possible atmospheric hazards** | | | | | | | | | **Yes** | | | **No** | | **N/A** | | | | |
| Lack of oxygen | | | | | | | | |  | | |  | |  | | | | |
| Combustible gases | | | | | | | | |  | | |  | |  | | | | |
| Combustible vapors | | | | | | | | |  | | |  | |  | | | | |
| Combustible dusts | | | | | | | | |  | | |  | |  | | | | |
| Toxic gases/vapors | | | | | | | | |  | | |  | |  | | | | |
| **Possible non-atmospheric hazards** | | | | | | | | |  | | |  | |  | | | | |
| Noise | | | | | | | | |  | | |  | |  | | | | |
| Chemical contact | | | | | | | | |  | | |  | |  | | | | |
| Electrical hazard | | | | | | | | |  | | |  | |  | | | | |
| Mechanical exposure | | | | | | | | |  | | |  | |  | | | | |
| Temperature extreme | | | | | | | | |  | | |  | |  | | | | |
| Engulfment | | | | | | | | |  | | |  | |  | | | | |
| Entrapment | | | | | | | | |  | | |  | |  | | | | |
| Other non-atmospheric hazard | | | | | | | | |  | | |  | |  | | | | |

**Pre-entry checklist**

**Do not enter this permit space until the following “needs action” conditions are corrected.**

|  |  |  |
| --- | --- | --- |
| **OK** | **Needs action** |  |
|  |  | Before entering the permit space, the entry supervisor or designee must notify the rescue team. IDLH conditions require at least one rescue team member located outside the space. |
|  |  | A minimum of two employees must be assigned to work involving permit space entry. One employee must remain outside the permit space at all times. |
|  |  | The surrounding area must be surveyed to show that it is free of hazards such as drifting vapors from tanks, piping, sewers, or vehicle exhaust. |
|  |  | Those responsible for operation of the gas monitor have been trained. |
|  |  | Gas monitor calibration tests and functional test (fresh air calibration) have been performed this shift on the gas monitor. If so, by whom? |
|  |  | The atmosphere will be continuously monitored while the space is occupied, if required by entry procedure. |

**This permit has been terminated for the following reason:**

|  |  |  |  |
| --- | --- | --- | --- |
| Work completed | Canceled | Time: | Note: |

|  |  |  |
| --- | --- | --- |
| Entry Supervisor’s signature | Time: | Date:   /    / |

## Alternate Entry Procedure/Reclassification

**Section A: Alternate entry procedure**

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| --- | --- | --- |
| **Section A may be used instead of the entry permit if all of the following conditions are Yes:** | **Yes** | **No** |
| The **only** hazard is atmospheric. |  |  |
| Continuous forced-air ventilation **alone** is sufficient to keep the space safe for entry. |  |  |
| Monitoring and inspection show that other hazardous conditions do not exist. |  |  |
| Conditions that make it unsafe to remove entrance cover have been eliminated. |  |  |
| Openings are guarded to protect employees from falls and falling objects. |  |  |

**Note: When permit-space entry is required to verify conditions, the PRCS program and entry permit must be used. Use the table below to document test results for safe entry.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Space monitoring results** | | **Test 1** | **Test 2** | **Test 3** | **Test 4** |
| **Supporting documentation for safe entry** | **Permissible entry levels** | Time:  Initial: | Time:  Initial: | Time:  Initial: | Time:  Initial: |
| Percent of oxygen | 19.5% to 23.5% |  |  |  |  |
| Combustible gas | Less than 10% LEL |  |  |  |  |
| Other toxic gas |  |  |  |  |  |
| Other toxic gas |  |  |  |  |  |
| Other toxic gas |  |  |  |  |  |

**Section B: Reclassification of a permit space to a non-permit space**

|  |  |  |
| --- | --- | --- |
| **Section B may be used instead of the entry permit if all of the following conditions are Yes** | **Yes** | **No** |
| The permit space poses no actual or potential atmospheric hazards. |  |  |
| All hazards within the space can be eliminated without entry into the space. |  |  |
| Employees have been informed or shown the actions taken to eliminate hazards. |  |  |

**Note: When permit-space entry is required to verify conditions, the permit-space program and entry permit must be used.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Alternate entry | | Reclassification | | | Date: | /  / |
| Space location: |  | | | Space description: | |  |
| Name of person making the determination: | | |  | | | |
|  | | |  | | | |