

COMPANY NAME HERE CONFINED SPACE ENTRY PERMIT
(to be filled out by Qualified Individual)

Location: _____ Date: _____ Time: _____
 Tank/Tank Contents: _____
 Type of Work: _____ Permit Expires: _____

Instrument Used: _____ Type: _____ ID #: _____ Calibration Date: _____
 Calibration Results: _____
 O2: _____ Combustible Gas: _____ CO: _____ H2S: _____

| Test Gas/Vapor | Tank 1 | Tank 2 | Tank 3 | Tank 4 | Tank 5 | Tank 6 | Tank 7 | Tank 8 |
|---------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|
| Oxygen (< 19.5% or > 23.5%) | | | | | | | | |
| Flammables (> 10% LEL) * | | | | | | | | |
| Benzene (> 1 ppm) * | | | | | | | | |
| Total Hydrocarbon (> 100 ppm) * | | | | | | | | |
| H2S (> 10 ppm) * | | | | | | | | |
| Carbon Monoxide (> 50 ppm) * | | | | | | | | |
| Other Toxic | | | | | | | | |

* If monitoring results exceed values noted, appropriate respiratory protection shall be used.

SPECIAL REQUIREMENTS

| Required? | Yes | No | Required? | Yes | No |
|-----------------------------------|-----|----|----------------------------------|-----|----|
| Ventilation | | | Explosion Proof Equipment | | |
| Lock/Tag-Out | | | Fire Extinguisher (Type) | | |
| Rescuers Trained in CPR/First Aid | | | Communication Equipment | | |
| Lines Broken, Capped, or Blanked | | | Lighting | | |
| Chemical/Splash Suits | | | SCBAs/Airlines | | |
| Eye/Face Protection | | | Area Posting/Security | | |
| Air Purifying Respirators | | | Rescue Personnel | | |
| Harness and Lifeline | | | Qualified Individual Certificate | | |
| First Aid Kit with Oxygen | | | | | |

Other:

Competent Person's Signature: _____ Date: _____ Time: _____

PERSONNEL
(This section to be filled out and approved by supervisor)

Attendant:

Authorized Entrants:

Rescue:

Supervisor (all above conditions satisfied): _____ Date: _____

Safety and Health Manager (if required): _____ Date: _____

Send copy to Safety Department, **Seattle**.