



CONFINED SPACE ENTRY PERMIT

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Effective Date: 06/01/25
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| | | | | | | | |
|---|--|--|----------------------|----------------------|----------------------|----------------------|----------------------|
| BU: | Field Office: | Date: | | | | | |
| Equipment Name and Location: | | | | | | | |
| Purposed of Entry: | | | | | | | |
| CONFINED SPACE REQUIREMENTS (CHECK BOXES THAT APPLY) | | | | | | | |
| EQUIPMENT PREPARATION | COMMUNICATION | EMERGENCY PLANNING | | | | | |
| <input type="checkbox"/> Lines Double Blocked and Bled <input type="checkbox"/> Lockout/Tagout Implemented <input type="checkbox"/> Lines Disconnected <input type="checkbox"/> Lines Blinded <input type="checkbox"/> All Liquids Drained <input type="checkbox"/> Moving parts secured <input type="checkbox"/> Adjacent areas protected from sparks <input type="checkbox"/> Hot work permit <input type="checkbox"/> Equipment grounded | <input type="checkbox"/> Job Planning/JHA Complete <input type="checkbox"/> All Personnel Trained <input type="checkbox"/> Pre-Task Tailgate Meeting <input type="checkbox"/> Protocols / Work Procedures Reviewed <input type="checkbox"/> SDS Reviewed/Accessible <input type="checkbox"/> Communication Methods _____ <input type="checkbox"/> HSER Rep Notified <input type="checkbox"/> Fire Phone # _____ | <input type="checkbox"/> Emergency Plans Reviewed <input type="checkbox"/> Assembly Points Established <input type="checkbox"/> Rescue Team on Site <input type="checkbox"/> Non-Entry Rescue <input type="checkbox"/> Retrieval System <input type="checkbox"/> Full body harness <input type="checkbox"/> Emergency Contact Information: <input type="checkbox"/> Medical Phone # _____ | | | | | |
| PERSONAL PROTECTIVE EQUIPMENT | ADDITIONAL HAZARD CONTROLS | HAZARDS OF THE SPACE | | | | | |
| <input type="checkbox"/> Gloves <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Personal 4-Gas Monitor <input type="checkbox"/> Respirator _____ <input type="checkbox"/> Goggles <input type="checkbox"/> Face Shield <input type="checkbox"/> Additional Protective Clothing: _____ | <input type="checkbox"/> Forced Air Ventilation <input type="checkbox"/> Fall Protection <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Scaffolding <input type="checkbox"/> Explosion Proof Equipment <input type="checkbox"/> Water/Liquids Available (Heat Stress) <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Electrical <input type="checkbox"/> Ventilation <input type="checkbox"/> Entrapment <input type="checkbox"/> Engulfment <input type="checkbox"/> Dust <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Falls <input type="checkbox"/> Other Hazards: _____ | | | | | |
| ATMOSPHERIC TESTING (Initial monitoring, and re-testing after space is unoccupied for 15 minutes or more) | | | | | | | |
| Manufacturer: | Serial No.: | Calibration Date: | | | | | |
| Signature of Atmospheric Tester: | | Date & Time: | | | | | |
| | Acceptable Limits | ___ : ___ am / pm | ___ : ___ am / pm | ___ : ___ am / pm | ___ : ___ am / pm | ___ : ___ am / pm | ___ : ___ am / pm |
| Oxygen | 19.5-23.5% | | | | | | |
| LEL | < 10% | | | | | | |
| H2S | < 10ppm | | | | | | |
| Other Toxic: | PEL: _____ | | | | | | |
| CONFINED SPACE ENTRY SUPERVISOR SIGNATURE | | Permit start time | | Permit Valid Until | | | |
| CONFINED SPACE ENTRY SUPERVISOR PRINT NAME | | This permit will be valid for a maximum of 12 hours, end of current shift, end of job or whichever occurs first. Any unscheduled work stoppage and/or emergency condition will nullify this permit. | | | | | |
| ATTENDANT SIGNATURE(S) | | <input type="checkbox"/> Permit Space Re-Classified to NON-PERMIT CONFINED SPACE <input type="checkbox"/> Permit Space Re-Classified to ALTERNATE ENTRY PROCEDURES CONFINED SPACE | | | | | |
| ATTENDANT PRINT NAME(S) | | CONFINED SPACE ENTRY SUPERVISOR SIGNATURE & TIME OF COMPLETION | | | | | |



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| ENTRY LOG for PERMIT-REQUIRED CONFINED SPACE ACTIVITIES (Maintained by CONFINED SPACE ATTENDANT.) | | | | | | |
|--|---------|----------|---------|----------|---------|----------|
| Entrant Names | Time In | Time Out | Time In | Time Out | Time In | Time Out |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |

Permit-Required Confined Space Permits shall be maintained at the local field office or in the electronic database for three years.