

**Form 10-a3
Confined Space Entry Permit-Page 1**

Permit No. _____ Authorized Supervisor Initials _____

_____ Permit Valid From (Time) _____ to _____ Project: _____

Location of Confined Space _____

Scope of Work _____

Reason for Entry: _____

Attendant:	Training Verified Yes No	Entry Supervisor:	Training Verified Yes No
Relief Attendant:	Yes No	Relief Entry Supervisor:	Yes No
Relief Attendant:	Yes No	Relief Entry Supervisor:	Yes No

Authorized Entrants	Training Verified	Authorized Entrants	Training Verified	Authorized Entrants	Training Verified
	Yes No		Yes No		Yes No
	Yes No		Yes No		Yes No
	Yes No		Yes No		Yes No
	Yes No		Yes No		Yes No
	Yes No		Yes No		Yes No
	Yes No		Yes No		Yes No

Pipelines isolated, blinded, air gapped, blocked	Yes NA	Fire Extinguishers & other equipment in place	Yes NA
Electrical lines & attachments denergized, tested	Yes NA	Ventilation system in place and operational	Yes NA
Systems, vessels, lines drained, purged, cleaned	Yes NA	Rescue system in place and operational	Yes NA
Area secured, barricaded, posted	Yes NA	Lifelines and other fall protection equipment in place	Yes NA
Radioactive devices located and made safe	Yes NA	Lighting is explosion proof, 12 volt, approved type	Yes NA
Lockout/Tagout in place, systems tested	Yes NA	Protective clothing available at location	Yes NA
	Yes NA	Special PPE available at location	Yes NA
	Yes NA	Respiratory protection at site	Yes NA
	Yes NA	Other permits to perform work have been issued	Yes NA
	Yes NA	Rescue team or service notified of work commencing	Yes NA
	Yes NA	Sampling and testing equipment calibrated, tested	Yes NA
	Yes NA	Pre-entry testing and sampling is complete	Yes NA
	Yes NA	Circuit interrupters, ground fault system in place	Yes NA
	Yes NA		Yes NA

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Atmospheric Testing		Initial Readings	Instrument No. & Type	Tester Name
Oxygen – Must be from 19.5 to 23.5%				
Explosive Gases - Must be less than 10% of the LEL				
Toxic Gases - List Names	PEL	Must be Below PEL	Instrument No. & Type	Tester Name
Name:				

Above readings are to be taken and recorded every _____ hours.

Component	Time									
	Reading									
Oxygen										
Explosive Gas										
Toxic										
Toxic										
Toxic										
Toxic										
Toxic										

Name of Tester/s	Substances Tested	All Substances

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Permit No. _____

Authorized Supervisor Initials _____

Brand of Instruments	Type / Model	Serial No., ID No.	Date Calibrated	Date Recalibrated

Type communication method to be used: _____

Have all participants been advised of the potential hazards, systems, and consequences? _____

Rescue Method to be used _____

Provide of Rescue Operations: _____

Plant or Location Emergency Number: _____ Alternate No. _____

Other Client Permits or company Permits have been issued: _____ List: _____

All training required of individuals has been verified? _____ If No, Explain: _____

Comments: _____

Emergency Telephone Numbers				
Fire Call		Ambulance Call		Rescue Call

Client Authorizing Person Name & Telephone No.		
Company Safety Contact Name & Telephone No.		

The Signatures below indicate all activities and requirements have been completed and authorization is given for work to commence.

Special instructions and conditions: _____

Authorizing Supervisor

Authorizing Client Representative

Date Work Completed _____ Time Completed _____

The attendant is responsible for maintaining this permit at the work location. The supervisor is responsible for returning this permit to the safety coordinator when the work is complete.