# Non-Mandatory Appendix F Sample Confined Space Entry Permits

Use with [Chapter 296-809 WAC, Confined Spaces](https://www.lni.wa.gov/safety-health/safety-rules/rules-by-chapter/?chapter=809)

The following 3 fill-in-the-blank confined space entry permits can be modified to fit your particular entry. Make sure you use the appropriate portions of the forms to create your own entry permit.

To design your own entry permit, see WAC 296-809-50004. Use an entry permit that contains all the required information.

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| CONFINED SPACE ENTRY PERMIT Sample 1 |
| Date: |
| Site location or description: |
| Purpose of Entry: |
| Supervisor(s) in charge of crews:  | Type of crew (welding, plumbing, etc): | Phone #: |
|  |  |  |
|  |  |  |
| Permit Duration: |
| Communication Procedures (including equipment):  |
| Rescue Procedures (also see emergency contact phone numbers at the end of form):  |
|  |
| Requirements completed (Put N/A if item doesn’t apply) | Date | Time | Requirements completed (Put N/A if item doesn’t apply) | Date | Time |
| Lockout/De-energize/Try-out |  |  | Supplied Air Respirator (N/A if alternate entry) |  |  |
| Line(s) Broken-Capped-Blank |  |  | Respirator(s) (Air Purifying) |  |  |
| Purge-Flush and Vent |  |  | Protective Clothing |  |  |
| Ventilation |  |  | Full Body Harness w/”D” ring |  |  |
| Secure Area (Post and Flag) |  |  | Emergency Escape Retrieval Equipment |  |  |
| Lighting (Explosive Proof) |  |  | Lifelines |  |  |
| Hotwork Permit |  |  | Standby safety personnel (N/A if alternate entry) |  |  |
| Fire Extinguishers |  |  | Resuscitator – Inhalator (N/A if alternate entry) |  |  |
| **Add other specific information, if needed, or attach additional instructions or requirements. See the following examples in bold print.**  |
| **Line(s) to be bled/blanked:** |  |  |  |  |  |
| **Ventilation equipment:**  |  |  |  |  |  |
| **PPE clothing:** |  |  |  |  |  |
| **Respirator(s):** |  |  |  |  |  |
| **Fire extinguisher(s):** |  |  |  |  |  |
| **Emergency retrieval equipment:** |  |  |  |  |  |

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| Air Monitoring |
| **Substance Monitored** | **Permissible Levels**  | **Monitoring Results** |
| **Time Monitored (put time) Percent Oxygen** |  | Record the time 19.5% to 23.5% |  |  |  |  |  |  |
| **LEL/LFL** |  | Under 10% |  |  |  |  |  |  |
| **Toxic 1:**  |  | \_\_\_\_ PEL | \_\_\_\_STEL |  |  |  |  |  |  |
| **Toxic 2:**  |  | \_\_\_\_PEL | \_\_\_\_STEL |  |  |  |  |  |  |
| **Toxic 3:**  |  | \_\_\_\_PEL | \_\_\_\_STEL |  |  |  |  |  |  |
| **Toxic 4:**  |  | \_\_\_\_PEL | \_\_\_\_STEL |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **REMARKS:**  |
| Air Tester Name | ID# | Instrument(s) Used(for example: oxygen meter, combustible gas indicator, etc.) | Model # or Type | Serial # or Unit |
|  |  |  |  |  |
|  |  |  |  |  |
| ATTENDANTS AND ENTRANTS |
| **Attendant(s)****(Required for all confined space work except alternate entry** | **ID#** | **Confined Space Entrant(s)** | **ID#** |
|  |  |  |  |
|  |  |  |  |

**REMARKS:**

Click or tap here to enter text.

**SUPERVISOR AUTHORIZATION - ALL CONFITIONS SATISFIED**

**Department or telephone numbers:** Click or tap here to enter text.

**Emergency Contact telephone numbers:**Click or tap here to enter text.

**Ambulance:** Click or tap here to enter text.

**Fire:** Click or tap here to enter text.

**Safety:** Click or tap here to enter text.

**Rescue Team:**Click or tap here to enter text.

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| CONFINED SPACE ENTRY PERMIT Sample 2 |
| Date and time issued: |
| Job site/space I.D. |
| Equipment to be worked on: |
| Standby personnel: |
| Date and time expires: |
| Job supervisor: |
| Work to be performed: |
| * Atmospheric checks: Oxygen 

Explosives  L.F.M.Toxic PPM | Time: |
| * Testers signature:
 |
| * Source isolation (No Entry)

Pumps or lines blinded, disconnected, or blocked | N/A[ ]  | Yes[ ]  | No[ ]  |
| * Ventilation modification

MechanicalNatural ventilation only | N/A[ ] [ ]  | Yes[ ] [ ]  | No[ ] [ ]  |
| * Atmospheric check after isolation and ventilation:

Oxygen:  >19.5 Explosive: L.F.M. <10Toxic: PPM <10PPM H2STime: Tester’s signature:  |
| * Communication procedures:
 |
| * Rescue procedures
 |
| * Entry standby and backup persons successfully completed

required training? Yes No[x]  [ ] Is it current? Yes No[ ]  [ ]  |
| Equipment: | N/A | Yes | No |
| Direct reading gas monitor tested: | [ ]  | [ ]  | [ ]  |
| Safety harness and lifelines for entry and standby persons: | [ ]  | [ ]  | [ ]  |
| Hoisting equipment: | [ ]  | [ ]  | [ ]  |
| Powered communications: | [ ]  | [ ]  | [ ]  |
| SCBA’s for entry and standby persons: | [ ]  | [ ]  | [ ]  |
| Protective clothing: | [ ]  | [ ]  | [ ]  |
| All electric equipment listed: Class I, Division I, Group D and non-sparking tools | [ ]  | [ ]  | [ ]  |
| * Periodic atmospheric tests:

Oxygen % Time Oxygen % TimeOxygen % Time Oxygen % Time Explosive% Time Explosive % Time Explosive % Time Explosive % Time Toxic % Time Toxic% Time Toxic % Time Toxic % Time |
| We have review the work authorized by this permit and the information contained here. Written instruction and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked in the “No” column. This permit not valid unless all appropriate items are completed.Permit prepared by: Entry Supervisor |

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| Approved by: Unit SupervisorReviewed by: Operations Manager |
| **This permit is to be kept at the job site. Return this job site copy to the unit supervisor following job completion.** |
| Entrants Name | Sign in | Sign out | Sign in | Sign out |
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| CONFINED SPACE ENTRY PERMIT Sample 3 |
| **PERMIT VALID FOR 8 HOURS ONLY. ALL PERMIT COPIES MUST REMAIN AT THE SITE UNTIL THE JOB IS COMPLETED** |
| Date: | Site location/description: |
| Purpose of entry: |
| Supervisor (s) in charge of crews: | Type of crew: | Telephone #: |
| Communication procedures:Rescue procedures (Telephone # at bottom): |
| **BOLD INDICATES MINIMUM REQUIREMENTS TO COMPLETE AND REVIEW PRIOR TO ENTRY** |

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| **Note: For items that do not apply, enter N/A in the blank** |
| **REQUIREMENTS COMPLETED** | **DATE** | **TIME** | **REQUIREMENTS COMPLETED** | **DATE** | **TIME** |
| Lockout/De-energized Tagout |  |  | Full body harness w/”D”Ring |  |  |
| Line(s) Broken-Capped-Blank |  |  | Emergency EscapeRetrieval Equipment |  |  |
| Purge-Flush and Vent |  |  | Lifelines |  |  |
| Ventilation |  |  | Fire Extinguishers |  |  |
| Secure Area (Post and Flag) |  |  | Lighting (ExplosiveProof) |  |  |
| Breathing apparatus |  |  | Protective Clothing |  |  |
| Resuscitator-Inhalator |  |  | Respirator(s) (Air-Purifying) |  |  |
| Standby safety personnel |  |  | Burning and WeldingPermit |  |  |
| **Continuous Monitoring Yes No**[ ]  [ ] **Periodic Monitoring Frequency:**  |
| **Test(s)** | **Permissible entry level** |
| Percent of oxygen | 19.5% To 23.5% |
| Lower flammable limit | Under 10% |
| Carbon Monoxide | + 35 PPM |
| Aromatic Hydrocarbon | + 1 PPM \* 5 PPM |
| Hydrogen Cyanide | (Skin) \* 4 PPM |
| Hydrogen Sulfide | + 10 PPM \* 15 PPM |
| Sulphur Dioxide | + 2PPM \* 5 PPM |
| Ammonia | \* 35 PPM |
| \* Short-term exposure limit: Employees can work in the area up to 15 minutes+ 8-hour Time Weighted Average: Employees can work in the area 8 hours (longer with appropriate respiratory protection).**REMARKS:** |
| GAS TESTER NAME AND CHECK # INSTRUCTIONS USED:  |

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| MODEL AND/OR TYPE: SERIAL AND/OR UNIT #:  |
| **SAFETY STANDBY IS REQUIRED FOR ALL CONFINED SPACE WORK**SAFETY STANDBY PERSONS CHECK#     CONFINED SPACE ENTRANTS CHECK# |
| **SUPERVISOR AUTHORIZATION – ALL CONDITIONS SATISFIED:**Department or telephone number: **EMERGENCY CONTACT TELEPHONE NUMBERS:**Ambulance: Fire: Safety: GasCoordinator:  |