



### CONFINED SPACE ENTRY PERMIT

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Space Type: \_\_\_\_\_

Space Description: \_\_\_\_\_

Purpose of Entry: \_\_\_\_\_

**Present Hazards: (check all that apply)**

<input type="checkbox"/>	Oxygen Deficient	<input type="checkbox"/>	Steam	<input type="checkbox"/>	Flammable
<input type="checkbox"/>	Oxygen Enriched	<input type="checkbox"/>	Engulfment	<input type="checkbox"/>	Entrapment
<input type="checkbox"/>	Welding/Cutting	<input type="checkbox"/>	Chemical	<input type="checkbox"/>	Toxic
<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Insect/Animal	<input type="checkbox"/>	Other

If any of the above are checked, please describe below what actions are being taken to eliminate or control the hazard(s).

Note: If welding/cutting operations are to be performed, use hot work permit at the end of this form.

**Safety Precautions (check all that apply)**

<input type="checkbox"/>	Protective Gloves	<input type="checkbox"/>	Barricades	<input type="checkbox"/>	Arc Flash PPE
<input type="checkbox"/>	Lifelines	<input type="checkbox"/>	Signs	<input type="checkbox"/>	GFCI
<input type="checkbox"/>	Respirators	<input type="checkbox"/>	Clearances Secured	<input type="checkbox"/>	Lighting
<input type="checkbox"/>	Fire-retardant Clothing	<input type="checkbox"/>	Lockout/Tagout	<input type="checkbox"/>	General PPE
<input type="checkbox"/>	Ventilation	<input type="checkbox"/>	Fire Extinguisher	<input type="checkbox"/>	Other

**Initial Air Monitoring Results Prior to Entry**

Acceptable Entry Conditions:

<input type="checkbox"/>	All hazards identified & controlled	<input type="checkbox"/>	O <sub>2</sub> 19.5-21.5%	<input type="checkbox"/>	H <sub>2</sub> S <10ppm	<input type="checkbox"/>	LEL <10%	<input type="checkbox"/>	CO <35ppm	<input type="checkbox"/>	Other
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Monitor Type: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Time \_\_\_\_\_ O<sub>2</sub> \_\_\_\_\_ % H<sub>2</sub>S \_\_\_\_\_ ppm LEL \_\_\_\_\_ % CO \_\_\_\_\_ ppm

Calibration Performed? Yes / No Initials: \_\_\_\_\_ Bump Tested Performed Yes / No Initials: \_\_\_\_\_  
 Prohibited Conditions? Yes / No Initials: \_\_\_\_\_ If yes, stop work and contact EHS

Monitoring Performed by (sign): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Continuous air monitoring results worksheet on next page.

## Continuous Air Monitoring Results

Acceptable Entry Conditions:

All hazards identified & controlled	O <sub>2</sub> 19.5-21.5%	H <sub>2</sub> S<10ppm	LEL<10%	CO<35ppm
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Time _____	O <sub>2</sub> _____ %	H <sub>2</sub> S _____ ppm	LEL _____ %	CO _____ ppm
Time _____	O <sub>2</sub> _____ %	H <sub>2</sub> S _____ ppm	LEL _____ %	CO _____ ppm
Time _____	O <sub>2</sub> _____ %	H <sub>2</sub> S _____ ppm	LEL _____ %	CO _____ ppm
Time _____	O <sub>2</sub> _____ %	H <sub>2</sub> S _____ ppm	LEL _____ %	CO _____ ppm
Time _____	O <sub>2</sub> _____ %	H <sub>2</sub> S _____ ppm	LEL _____ %	CO _____ ppm
Time _____	O <sub>2</sub> _____ %	H <sub>2</sub> S _____ ppm	LEL _____ %	CO _____ ppm
Time _____	O <sub>2</sub> _____ %	H <sub>2</sub> S _____ ppm	LEL _____ %	CO _____ ppm
Time _____	O <sub>2</sub> _____ %	H <sub>2</sub> S _____ ppm	LEL _____ %	CO _____ ppm
Time _____	O <sub>2</sub> _____ %	H <sub>2</sub> S _____ ppm	LEL _____ %	CO _____ ppm
Time _____	O <sub>2</sub> _____ %	H <sub>2</sub> S _____ ppm	LEL _____ %	CO _____ ppm
Time _____	O <sub>2</sub> _____ %	H <sub>2</sub> S _____ ppm	LEL _____ %	CO _____ ppm
Time _____	O <sub>2</sub> _____ %	H <sub>2</sub> S _____ ppm	LEL _____ %	CO _____ ppm
Time _____	O <sub>2</sub> _____ %	H <sub>2</sub> S _____ ppm	LEL _____ %	CO _____ ppm
Time _____	O <sub>2</sub> _____ %	H <sub>2</sub> S _____ ppm	LEL _____ %	CO _____ ppm
Time _____	O <sub>2</sub> _____ %	H <sub>2</sub> S _____ ppm	LEL _____ %	CO _____ ppm
Time _____	O <sub>2</sub> _____ %	H <sub>2</sub> S _____ ppm	LEL _____ %	CO _____ ppm
Time _____	O <sub>2</sub> _____ %	H <sub>2</sub> S _____ ppm	LEL _____ %	CO _____ ppm
Time _____	O <sub>2</sub> _____ %	H <sub>2</sub> S _____ ppm	LEL _____ %	CO _____ ppm
Time _____	O <sub>2</sub> _____ %	H <sub>2</sub> S _____ ppm	LEL _____ %	CO _____ ppm
Time _____	O <sub>2</sub> _____ %	H <sub>2</sub> S _____ ppm	LEL _____ %	CO _____ ppm
Time _____	O <sub>2</sub> _____ %	H <sub>2</sub> S _____ ppm	LEL _____ %	CO _____ ppm
Time _____	O <sub>2</sub> _____ %	H <sub>2</sub> S _____ ppm	LEL _____ %	CO _____ ppm

**For emergency rescue dial 911**  
EHS 4-1

**If unacceptable entry conditions are found contact EH&S 850-644-6895**

April 2020

**Entry Authorization**

We have reviewed the work authorized by this permit and the information contained here-in. Written instructions and safety procedures have been reviewed and are understood. All requirements for entry were met including the verification of acceptable entry conditions and the use of required PPE and entry equipment.

Position	Name	Signature	Date
Entrant			
Entrant			
Entrant			
Attendant			
Attendant			
Entry Supervisor			
Department Head or Designee			

**Entry Cancellation**

Entry has been completed and/or cancelled and all entrants have exited permit space.

Entry Supervisor: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Department \_\_\_\_\_

Department Head or Designee: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Department \_\_\_\_\_

# Hot Work Permit

This Hot Work permit is required for any temporary operation involving open flames or producing heat and/or sparks. This includes, but is not limited to: Brazing, Grinding, Soldering, Thawing Pipe, Torch Applied Roofing and Welding.

**Instructions:**

1. Verify precautions listed below or do not proceed with work.
2. Contact EHS for Review: EHS Name: \_\_\_\_\_ EHS Signature: \_\_\_\_\_
3. Complete this permit and issue to person(s) performing the work.
4. Retain this copy in the project file.

Date:	
Name of person(s) doing the work:	
Name of fire watch person: (Attendant)	
I verify the above location has been examined and the precautions checked on the Precautions Checklist below to minimize the chance of fire.	
Entry Supervisor's Name:	Signature:
Duration (Hrs):	Start Time:                      Stop Time:

**Hot Work Permits may not be authorized for more than one shift!**

Yes	No	N/A	Item
			Are water hoses or appropriate fire extinguishers available and in good repair?
			Is hot work equipment in good repair?
			Have flammable liquids, dust, lint, and oily deposits within 35 ft. been removed?
			Have explosive atmospheres been eliminated? Test results:
			Has the work surface area been cleaned of grease, paint, etc.?
			Have combustible floors been wet down, covered with damp sand, or covered with fire resistant sheets?
			Have surface areas below work area been protected?
			Have access ways below work area been barricaded?
			Are UV shields in place?
			Has enclosed equipment been cleansed of all combustibles?
			Have all containers been purged of flammable liquids and vapors?
			Will fire watch be provided during and for at least 30 minutes during breaks including lunch?
			Has fire watch been provided with suitable fire extinguishing devices?
			Has the fire watch person been trained in use of fire extinguishing devices and in sounding alarm(s) or other emergency communications?
			Has additional fire watch been assigned to adjoining areas, above and below?
			Hot work area will be monitored for 30 minutes after completion of work?
			Other:
			Other: