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Since 2008

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Sample Confined Space Entry Permits

Use with Confined Spaces book, Chapter 296-809 WAC

The following 3 fill-in-the-blank confined space entry permits can be modified to fit your particular entry or used as they are if they can fit your entry needs.

You can also design your own entry permit. You're **not** required to use the fill-in-the-blank entry permits provided here.



Sample Confined Space Entry Permits

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Sample 1 (Front)

Date:					
Site location or description:					
Purpose of entry:					
Supervisor(s) in charge of crews:		Phone #:		Type of crew (welding, plumbing, etc):	
Permit duration:					
Communication procedures (including equipment):					
Rescue procedures (also see emergency contact phone numbers at 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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Sample 1 (Back)

AIR MONITORING							
Substance Monitoring		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:							
SUPERVISOR AUTHORIZATION - ALL CONDITIONS SATISFIED							
Department or phone number:							
EMERGENCY CONTACT PHONE NUMBERS:							
AMBULANCE		FIRE:		SAFETY:		RESCUE TEAM:	
_____		_____		_____		OTHER: _____	



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Sample 2 (Front)

Date and time issued:		Date and time expires:		
Job site/space I.D.:		Job supervisor		
Equipment to be worked on:		Work to be performed:		
Standby personnel:				
1. Atmospheric Checks:		Time: _____		
Oxygen	_____	%		
Explosives	_____	% L.F.M.		
Toxic	_____	PPM		
2. Tester's signature: _____				
3. Source isolation (No Entry):	N/A	Yes	No	
Pumps or lines blinded, disconnected, or blocked:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Ventilation modification:	N/A	Yes	No	
Mechanical:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Natural Ventilation only:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Atmospheric check after isolation and ventilation:				
Oxygen:	_____ %	>19.5%		
Explosive:	_____ % L.F.M.	<10%		
Toxic:	_____ PPM	<10PPM H ₂ S		
Time:	_____			
Tester's signature:	_____			
6. Communication procedures:				

7. Rescue procedures:				



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Sample 2 (Back)

8. Entry standby and backup persons successfully completed required training?		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
Is it current?		<input type="checkbox"/>	<input type="checkbox"/>
9. Equipment:	N/A	YES	NO
Direct reading gas monitor-tested:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety harnesses and lifelines for entry and standby persons:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoisting equipment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Powered communications:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCBA's for entry and standby persons:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protective clothing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All electric equipment listed: Class I, Division I, Group D and non-sparking tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Periodic atmospheric tests:			
Oxygen	_____ %	Time _____	Oxygen _____ % Time _____
Oxygen	_____ %	Time _____	Oxygen _____ % Time _____
Explosive	_____ %	Time _____	Explosive _____ % Time _____
Explosive	_____ %	Time _____	Explosive _____ % Time _____
Toxic	_____ %	Time _____	Toxic _____ % Time _____
Toxic	_____ %	Time _____	Toxic _____ % Time _____
We have reviewed 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):			
Approved by (Unit Supervisor):			
Reviewed by (Operations Manager):	Printed name	Signature	
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



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Sample 3 (Front)

PERMIT VALID FOR 8 HOURS ONLY. ALL PERMIT COPIES MUST REMAIN AT THE SITE UNTIL 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 number on back):					
BOLD INDICATES MINIMUM REQUIREMENTS TO COMPLETE AND REVIEW PRIOR TO ENTRY					
Note: For Items that do not apply, enter N/A in the blank.					
REQUIREMENTS COMPLETED	DATE	TIME	REQUIREMENTS COMPLETED	DATE	TIME
Lockout/De-energize/Tagout			Full Body Harness w/"D" Ring		
Line(s) Broken-Capped-Blank			Emergency Escape Retrieval Equipment		
Purge-Flush and Vent			Lifelines		
Ventilation			Fire Extinguishers		
Secure Area (Post and Flag)			Lighting (Explosive proof)		
Breathing Apparatus			Protective Clothing		
Resuscitator-Inhalator			Respirator(s) (Air Purifying)		
Standby Safety Personnel			Burning and Welding Permit		
Continuous Monitoring:		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
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		
Sulfur Dioxide			+2 PPM *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: _____					



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Sample 3 (Back)

Gas tester name & check #:	Instructions used	Model and/or type:	Serial and/or unit #:
SAFETY STANDBY IS REQUIRED FOR ALL CONFINED SPACE WORK			
Safety Standby Person(s)	Check#	Confined Space Entrant	Check#
SUPERVISOR AUTHORIZATION - ALL CONDITIONS SATISFIED:			
Department or phone number: _____			
EMERGENCY CONTACT PHONE NUMBERS:			
Ambulance: _____			
Fire: _____			
Safety: _____			
Gas coordinator: _____			

