Confined Spaces Program
WAC 296-62-141

Appendix D. Confined Space Entry Permit

Job Location: Date & Time Issued: /

Equipment to be worked on: Date & Time Expires: /

Purpose of Entry: _____

Description of Hazards:

Entry Supervisor:

Number of Entrants assigned: _____Names of Entrants:

Name of attendant:

Pre-Entry Checklist:

Lockout/Tagout NA YES NO

Mechanical ( ) ( ) ( )

Electrical ( ) ( ) ( )

Pipes ( ) ( ) ( )

Atmospheric Check after Isolation and Ventilation:

Oxygen _____ % > 19.5% and < 23.5%

Explosive _____ LFL < 10%

Toxic _____ ppm

Time: _____ a.m./p.m.

Hourly Atmospheric Check Performed by: _____

Hour 1	**Hour 2**	**Hour 3**	**Hour 4**	**Hour 5**	**Hour 6**	**Hour 7**	**Hour 8**
Oxygen:	Oxygen:	Oxygen:	Oxygen:	Oxygen:	Oxygen:	Oxygen:	Oxygen:
Explosive	Explosive:	Explosive	Explosive:	Explosive:	Explosive:	Explosive:	Explosive:
Toxic	Toxic:	Toxic:	Toxic:	Toxic:	Toxic:	Toxic:	Toxic:
H Sulfide:	H Sulfide:	H Sulfide:	H Sulfide:	H Sulfide:	H Sulfide:	H Sulfide:	H Sulfide:

Safety Equipment Needed: NA YES NO Identify

Oxygen Monitor ( ) ( ) ( )

Direct Reading Gas Monitor ( ) ( ) ( )

Toxicity Meter ( ) ( ) ( )

Safety Harness and Lifeline ( ) ( ) ( )

Hoisting Equipment ( ) ( ) ( )

Communications (radio, etc.) ( ) ( ) ( )

Respirator or SCBA ( ) ( ) ( )

Protective Clothing ( ) ( ) ( )

Will there be hot work operations in the confined space? Yes ( ) No ( )

How will hot work hazards be controlled?

Communication Procedures:

Rescue Procedures:

We have reviewed the work authorized by this permit and the information contained here. Written instructions and safety procedures have been received and are understood.

Entry cannot be approved if any squares are marked in the "NO" column.

Permit requested by:

Approved by:

Print Name _____ Signature

Seattle University Confined Space Trained Supervisor signature acknowledging Contractor work in confined spaces _____