

CONFINED SPACE ENTRY PERMIT

Date:	Start Time:	Completion Time:
Location:	Type of Space:	Unit No:
Description of Work to be Performed:		

Pre-Entry Checklist If any of the below items are "No" then "Stop" - action must be taken to make the answers "Yes"

Potential Hazard Identified? <input type="checkbox"/> yes <input type="checkbox"/> no Hazard ID form completed? <input type="checkbox"/> yes <input type="checkbox"/> no Emergency Procedures Reviewed? <input type="checkbox"/> yes <input type="checkbox"/> no Entrants and Safety Watch Trained? <input type="checkbox"/> yes <input type="checkbox"/> no Emergency Response Plan Available? <input type="checkbox"/> yes <input type="checkbox"/> no	Isolation of Energy Completed? <input type="checkbox"/> yes <input type="checkbox"/> no Communication Established? <input type="checkbox"/> yes <input type="checkbox"/> no Personal Protective Equipment Used? <input type="checkbox"/> yes <input type="checkbox"/> no Gas Test Performed and Documented? <input type="checkbox"/> yes <input type="checkbox"/> no Area Secured? <input type="checkbox"/> yes <input type="checkbox"/> no
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Confined Space Equipment and PPE Used During Entry (Check ALL items used):

<input type="checkbox"/> Safety Glasses/Goggles/Face Shield <input type="checkbox"/> Hard Hat <input type="checkbox"/> Hearing Protection <input type="checkbox"/> FR Coveralls / Chemical Resistant Wet Suit <input type="checkbox"/> Gloves <input type="checkbox"/> Steel Toed Work / Rubber Boots <input type="checkbox"/> Use Safety Bar on back of Vacuum Truck Vessel	<input type="checkbox"/> Air Mover/Ventilation <input type="checkbox"/> SCBA / SABA <input type="checkbox"/> Respirator - Cartridge Type: _____ <input type="checkbox"/> Safety Harness and Lifeline <input type="checkbox"/> Rescue Tripod and Lifeline <input type="checkbox"/> Tripod with Mechanical Winch <input type="checkbox"/> Vehicle Chock Blocks Used
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Air Monitoring - Results Prior to Entry:

Monitor Make: _____ Serial Number: _____
 Days to next calibration: _____
 Bump Test Performed yes no Bump Tester Initials : _____

Communication: (Must be intrinsically safe)

<input type="checkbox"/> Verbal	<input type="checkbox"/> Visual
<input type="checkbox"/> 2-Way Radio	<input type="checkbox"/> Rope Signals
<input type="checkbox"/> Cell Phone / Mike Phone	<input type="checkbox"/> Air Horn

Pre-Entry Levels: Oxygen _____% LEL _____% CO _____% H2S _____%

Entry/Exit Record	Time (am/pm)									
	NAME (PRINT)		IN	OUT	IN	OUT	IN	OUT	IN	OUT

We have reviewed the work procedures authorized by this permit and information on this permit. Permit is to be kept at the job site. When work is completed return site copy to Supervisor and white copy to Gangster Enterprises Calgary Office.

Entrants Name: _____	Signature: _____	Date: _____
Entrants Name: _____	Signature: _____	Date: _____
Safety Watch Name: _____	Signature: _____	Date: _____
Rescue Person Name: _____	Signature: _____	Date: _____
Supervisor Name: _____	Signature: _____	Date: _____