

**Edwin L. Heim Company Confined Space Entry Permit**  
**Page 1 of 2**

Description/Location of Permit Space: \_\_\_\_\_

Prior Use of Permit Space: \_\_\_\_\_ Problems? \_\_\_\_\_

Date of Last Entry: \_\_\_ / \_\_\_ / \_\_\_ Previous Permit Reviewed?  Yes  No

Problems? \_\_\_\_\_

Time & Date Issued: \_\_\_ / \_\_\_ / \_\_\_ : \_\_\_ AM/PM Estimated Time Required: \_\_\_\_\_

Time & Date Issued: \_\_\_ / \_\_\_ / \_\_\_ : \_\_\_ AM/PM **(Not to Exceed One-Shift)**

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

Confined Space Entry Supervisor: \_\_\_\_\_

Entrants: \_\_\_\_\_ Entry Time: \_\_\_\_\_ Exit Time: \_\_\_\_\_

Entrants: \_\_\_\_\_ Entry Time: \_\_\_\_\_ Exit Time: \_\_\_\_\_

Entrants: \_\_\_\_\_ Entry Time: \_\_\_\_\_ Exit Time: \_\_\_\_\_

Attendant: \_\_\_\_\_ Rescue: \_\_\_\_\_

Attendant: \_\_\_\_\_ Rescue: \_\_\_\_\_



1. Hazard assessment and pre-job planning has been completed and the specific Entry Procedure is currently being used to ensure all employees can safely carry out their functions. Expected hazards identified in our written Entry Procedure. (Check all that apply)  
 Oxygen deficiency     Oxygen enrichment     Flamm. /expl. Gases     Toxic gases/vapors  
 Hazardous byproducts     Engulfment     Internal configuration     Mechanical injury  
 Electrical     Skin contact hazards     Slips/falls     Heat stress  
 High pressure pipes     Dust explosion     Workplace violence     Other \_\_\_\_\_  
Entry Supervisor's Initials: \_\_\_\_\_
  
2. Service lines have been blanked off, permit space has been cleaned and neutralized, and energy sources are locked out and tagged.  
Entry Supervisor's Initials: \_\_\_\_\_
  
3. Lockout/Tagout has been performed by:  
 Entry Supervisor     All Entrant     N.A.
  
4. The following energy sources have been blanked, disconnected, or locked out and tagged:  
Energy Source: \_\_\_\_\_     Blanked or disconnected     LO/TO  
Energy Source: \_\_\_\_\_     Blanked or disconnected     LO/TO  
Energy Source: \_\_\_\_\_     Blanked or disconnected     LO/TO  
Energy Source: \_\_\_\_\_     Blanked or disconnected     LO/TO  
Entry Supervisor's Initials: \_\_\_\_\_
  
5. Surrounding area checked for flammability and toxic gases?     Yes     No
  
6. Adequate air changes are provided by the following ventilation:  
1. Natural     Supplemental Mechanical     N.A.  
Entry Supervisor's Initials: \_\_\_\_\_
  
7. Training for Entrant, Attendant, Supervisor, and Rescue Team is current?     Yes     No

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**Page 2 of 2**

8. Following isolation and ventilation, the atmosphere of the permit space has been tested for oxygen, flammability, and toxicity with CALIBRATED Direct Reading Instruments (Sniffer).

**Leave Monitors "ON" For Continuous Monitoring!**

<b>Hazard</b>	<b>Permissible Level</b>	<b>Initial Reading</b>	<b>Initial Time</b>	<b>By (Initials)</b>
2. Oxygen deficiency	>19.5% & <23.5%	_____	_____	_____
3. Combustible gas	<10% LFL	_____	_____	_____
4. Carbon Monoxide	<35 ppm.	_____	_____	_____
5. Hydrogen Sulfide	<20 ppm.	_____	_____	_____
6. Other _____	_____	_____	_____	_____

Entry Supervisor's Initials: \_\_\_\_\_

9. Is a Hot Work Permit required in the permit space?  Yes  No  
 If a Hot Work Permit is required, notify the Safety Director.

Entry Supervisor's Initials: \_\_\_\_\_ Safety Director's Initials: \_\_\_\_\_

10. All necessary equipment is readily available and in good condition. (Check all that apply)
- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Lifelines         | <input type="checkbox"/> Ladder            | <input type="checkbox"/> SCBA                | <input type="checkbox"/> GFCI              |
| <input type="checkbox"/> Radios            | <input type="checkbox"/> Respirators       | <input type="checkbox"/> Lighting            | <input type="checkbox"/> Telephone         |
| <input type="checkbox"/> Ventilation fan   | <input type="checkbox"/> Expl. Proof light | <input type="checkbox"/> Atmospheric monitor | <input type="checkbox"/> Harness & Lanyard |
| <input type="checkbox"/> Retrieval Device  |  |  |  |
| <input type="checkbox"/> PPE (List): _____ |  |  |  |

Entry Supervisor's Initials: \_\_\_\_\_

11. Communication between attendant and Entrant (s):  Yes  No

12. Rescue equipment available and readily accessible?  Yes  No

13. Rescue Planning has taken place and radios have been given to the Supervisor and Attendant and all rescue equipment is available.  Yes  No

Entry Supervisor's Initials: \_\_\_\_\_

14. Pre-Entry briefing conducted by Supervisor with all involved individuals present?  Yes  No  
 Time Conducted: \_\_\_\_\_ Entry Supervisor's Initials: \_\_\_\_\_

15. Permit posted nearby entry to permit space with applicable SDSs attached?  Yes  No

By signing this permit, I certify that all required information is completed and correct, and that all hazard control measures are in place. Entry operations are authorized for those listed on this permit.

Entry Approved By: \_\_\_\_\_ Until: \_\_\_\_\_

Permit Canceled/Suspended By: \_\_\_\_\_ At: \_\_\_\_\_

Reason:  Job Completed  Problem  Shift

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