

USARAK CONFINED SPACE ENTRY PERMIT

Classification _____
Date and time of issue _____
Date and time of expiration _____
Job description/location _____
Trained employees assigned _____
On site supervisor _____

1. Sampling equipment.

Type calibration	Serial number	Date	By whom
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Test conducted.

	Time	Results
Oxygen deficiency	_____	_____
Flammability	_____	_____
Toxicity	_____	_____

3. Continuous monitoring. If not required, check here ; If required, fill-in readings below.

Flammability _____
Oxygen deficiency _____
Toxicity _____

4. Labeling and posting.

Posted _____
Pedestrian and vehicle guards/barriers _____
Other (explain) _____

5. Preparation - Routine operation. If no, check here ; If yes, fill-in below, as applicable.

Covered by which regulation _____
Isolation - Not required Blanking _____
Double block and bleed Other (explain) _____
Lockout/tagout electrical - Not required Completed _____
Lockout/tagout mechanical - Not required Completed _____
Ventilation - General ventilation adequate _____
Mechanical ventilation prior to entry only _____
Intermittent mechanical ventilation _____
Continuous mechanical ventilation _____
Cleaning/purging/interting - Not required _____
Completed Special equipment - Not required Completed _____
Intrinsically safe electrical equipment _____

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6. Procedures - Routing operation. if no, check here If yes, fill below as applicable.

Discussion of potential hazard _____

Discussion of emergency ingress and egress _____

Communication _____ Type _____

Discussion of work to be performed _____

7. Emergency personnel standby. If not required, check here ; If required, fill-in as applicable.

Attendant #1 name _____

Attendant #2 name (if applicable) _____

Safety _____

Preventive Medicine _____

Fire Department _____

8. Protective clothing and/or equipment. If not required, check here ; If required, fill-in below, as applicable.

Respiratory protection _____ Type _____

Hard hat _____ Type _____

Eye/face protection _____ Type _____

Foot protection _____ Type _____

Ear protection _____ Type _____

Hand protection _____ Type _____

other _____ Type _____

9. Rescue equipment. If not required, check here ; If required, fill-in below, as applicable.

Lifeline _____ Type _____

Safety harness _____ Type _____

Retrieval device _____ Type _____

Safety belt _____ Type _____

Fire extinguisher _____ Type _____

Wristlets _____ Type _____

other _____ Type _____

10. Hot work permit. If not required, check here ; If required, list any instructions below.

Special instructions _____

Signature of Issuer _____ Date _____

Signature of on-site supervisor _____ Date _____

Signature of reviewers for class A and B confined spaces _____ Date _____

Signature of Safety official _____ Date _____

Signature of Occupational Health official _____ Date _____

Signature of Fire Department official _____ Date _____