








CONFINED SPACE ENTRY PERMIT Part 1: Work Details

SITE / LOCATION:				CONFINED SPACE:							
DATE:				TIME ISSUED:							
				TIME EXPIRED:		PERMIT NO.					
JOB DETAILS				PPE REQUIREMENTS							
Work to be Completed (Details), Including Purpose of Entry:				  				Standard PPE that includes: <ul style="list-style-type: none"> ▪ Hi-visibility clothing or safety vest ▪ Hardhats in accordance with company standards within designated areas ▪ Eye protection in accordance with company standards within designated areas ▪ Safety boots in accordance with company standards ▪ Hand protection specific to work to be conducted 			
								Additional SPF PPE that includes:		<input type="checkbox"/> Respiratory protection: _____	
										<input type="checkbox"/> Hearing protection in accordance with company standards within designated areas	
Entry Supervisor Name:		Entry Supervisor Signature:		 							
Entry Attendant(s) Name(s):											
Authorized Entrant(s) Name(s):											
Equipment / Tool(s) to be Used:											
<small>Note: A completed CSE Permit, and all other relevant documents, are kept at the entrance of the confined space during any CSE activities.</small>											

CONFINED SPACE ENTRY PERMIT Part 2: Assessment and Controls

Confined Space Entry Hazard Identification and Assessment									
Hazards			Yes	No	Hazards			Yes	No
Is there a hazardous or potentially hazardous atmosphere? <small>Please record results of initial atmospheric testing below.</small>			<input type="checkbox"/>	<input type="checkbox"/>	Is there a potential for engulfment or entrapment to occur?			<input type="checkbox"/>	<input type="checkbox"/>
Parameter	Level(s) at Which Entry Can Occur	Initial Atmospheric Monitoring Results	Are there sloping or converging walls or floors or other obstacles / space configurations that create a potential for the Entrants to be trapped / caught in the space? Are there any other recognized hazards: (noise, heat, uncontrolled energy source, fall hazards inside the space, radiation, thermal exposure, etc.)? List these hazards and controls in the Hazard Assessment Section below.				<input type="checkbox"/>	<input type="checkbox"/>	
Oxygen (O2)	>19.5% → <23.5%								
LEL	<10%								
Carbon Monoxide (CO)	<35ppm								
Other:									
Initials of person sampling			Time of testing						
Date of equipment calibration			Test instrument and S/N						
If the answer to ALL four questions above is "No" – the space is classified as non-permit required for the work to be completed as specified in Part 1 of this Permit.									
Alternate Entry Procedure									
Hazards			Yes	No	Hazards			Yes	No
Does monitoring and inspection data show the only hazard is an actual or potential hazardous atmosphere?			<input type="checkbox"/>	<input type="checkbox"/>	If a hazardous atmosphere is identified, can it be made safe for entry using continuous forced air ventilation?			<input type="checkbox"/>	<input type="checkbox"/>
If the answer to BOTH questions above is "Yes" – the confined space entry activities, for the work to be completed as specified in Part 1 of this Permit, proceed with ONLY the controls specified in the Atmospheric Hazards and Monitoring Section below.									
Permit-Required Confined Space Entry Controls									
Existing Hazards <small>(in addition to those identified above)</small>	Controls			Hazards Introduced From Work Being Performed			Controls		
Requirements	Yes	No	N/A	Requirements	Yes	No	N/A		

CONFINED SPACE ENTRY PERMIT Part 3: Authorization, Issuance, and Closeout

Permit Control			
This Permit is Valid From:		Permit is Valid Until:	
Date	Time	Date	Time
ISSUED: I authorize the above work to be carried out, subject to the conditions shown.			
SIGNED _____ (ENTRY SUPERVISOR) Print Name:			
ACCEPTANCE: I hereby declare that I understand the work to be carried out, the hazards involved, and the precautions required. I also confirm that all the permit requirements and information has been explained to all workers involved.			
SIGNED _____ (PERSON TO WHOM PERMIT ISSUED) Print Name:			
If the person the permit is issued to has to leave the work, then the job stops and not restart until a hand over has taken place. This will require a full review of the permit and controls and the issue of a new permit. The current permit is handed back and cancelled			
PERMIT EXTENSION: If the work runs over the stated time then the work stops. The person who issued the permit may extend the time after reassessing that all the necessary controls are in place or alternatively issue a new Permit following the full procedure. The Permit can only be re-issued twice and only if there has been no significant time lapse. If work has stopped and the area left unattended (i.e. end of working day and re-started the next day) then this permit cannot be re-issued.			
Permit is Valid from:		Permit is Valid Until:	
1 – Extended Date	1 – Extended Time	2 – Extended Date	2 – Extended Time
SIGNED _____ (ENTRY SUPERVISOR) – 1st EXTENSION			
SIGNED _____ (ENTRY SUPERVISOR)- 2nd EXTENSION			
SIGN OFF: I hereby declare that the work detailed in this permit has been left in a safe manner and all men under my charge have been withdrawn. The space has been left in a safe condition and all safety devices replaced, the site is now ready for testing and operation* The work has not been completed and more work remains to be done under a new Permit to Work* * DELETE AS APPLICABLE			
SIGNED _____ (PERSON TO WHOM PERMIT ISSUED)			
Date	Time	Date	Time
CLOSEOUT: I hereby declare that this permit and all copies of it are closed. No further work shall be undertaken on the permitted job prior to the issue of a new permit. The site has been left in a safe condition ready for operation * The site has been suitably isolated to remove any risk * *DELETE AS APPLICABLE			
SIGNED _____ (ENTRY SUPERVISOR)			
Date	Time	Date	Time

Key Contacts (To be contacted if unusual circumstances arise)	Name	Position	Contact No.
	Emergency Services	Police, Fire, Ambulance	911

CONFINED SPACE SURVEY AND INVENTORY - SAMPLE

Permit Required Confined Space(s)			
Area Name	Description	Identifying Details	Comments
Non-Permit Required Confined Space(s)			
Area Name	Description	Identifying Details	Comments