



Chapter 6: Confined Space Entry Permit

Product ID: [163](#) | Revision ID: 1164 | Date Published: 29 March 2010 | Date Effective: 29 March 2010
 URL: <http://www-group.slac.stanford.edu/esh/eshmanual/references/confinedPermit.pdf>

ENVIRONMENT, SAFETY & HEALTH DIVISION

Applicability: This permit establishes that all hazards have been identified and controlled and it lists the confined space (CS) entry supervisor and authorized entrants and attendants. For more information, see [Confined Space: Entry Procedures](#).

Instructions: This form (or equivalent subcontractor's SLAC-approved form) must be signed by the CS entry supervisor (Section 6) before entry and it must be kept in the Work Planning and Control (WPC) work folder during the entry. Once the work is completed, the CS entry supervisor must close the permit by signing Section 7 and sending it to the CS program manager (M/S 84).

1. Permit Conditions

Reason for entry:	Entry date: Permit expiration <i>(date and time)</i> :
Entrant:	Acceptable entry conditions:
Entrant:	
Entrant:	
Attendant:	
Attendant:	
See the confined space inventory for the following information	
Tracking number:	
Description:	Location:
Known and potential hazards:	
Additional required permits <i>(for example hot work, radiological work permit, penetration permit)</i> :	

2. Requirements Checklist *(check all that apply)*

Equipment	Personal protective equipment and personal monitors
Non-entry rescue equipment <input type="checkbox"/> Full body harness <input type="checkbox"/> Tripod / hoist <input type="checkbox"/> Lifeline	Gloves: <input type="checkbox"/> Leather <input type="checkbox"/> Impervious <input type="checkbox"/> Chemical resistant <input type="checkbox"/> Other:
Area security: <input type="checkbox"/> Warning signs <input type="checkbox"/> Barricades <input type="checkbox"/> Ladder <input type="checkbox"/> Fall protection equipment <input type="checkbox"/> Ventilation fan or blower <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Self-contained breathing apparatus (SCBA) <input type="checkbox"/> Air purifying respirator: specify cartridge type: <input type="checkbox"/> Other:	Face / eye protection: <input type="checkbox"/> Face shield <input type="checkbox"/> Goggles <input type="checkbox"/> Other: <input type="checkbox"/> Footwear <input type="checkbox"/> Coveralls <input type="checkbox"/> Head protection <input type="checkbox"/> Radiation dosimeter(s) <input type="checkbox"/> Pocket ion chamber (PIC) <input type="checkbox"/> Other: <input type="checkbox"/> Other:

5. Air Monitoring Results (to be completed as needed before and during work)

Attendant will sample air <input type="checkbox"/> Continuously <input type="checkbox"/> Every _____ minutes <input type="checkbox"/> No sampling required because:							
Device			Sequence or serial number	Calibration due date	Pre-use check performed by	Notes	
Date:							
Time	Sampled by	<input type="checkbox"/> O ₂ (19.5–23.5%)	<input type="checkbox"/> (LEL/LFL <10%)	<input type="checkbox"/> CO (<25 ppm)	<input type="checkbox"/> H ₂ S (<10 ppm)	<input type="checkbox"/> Stratification	<input type="checkbox"/> Other:

6. Pre-entry Certification (must be signed by the confined space entry supervisor before entry)

I hereby certify that all required hazard controls are in place, that air monitoring is being conducted as required and results show that the atmosphere is acceptable for entry, and that all required information is documented on this permit.	
Confined space entry supervisor for this entry:	
Signature:	Date:

7. Permit Closure (must be signed by the confined space entry supervisor after work is completed)

The work was done in accordance with this permit. A copy of this permit will be forwarded to the confined space program manager (Mailstop 84).	
Name:	
Signature:	Date: