



Industrial Services
www.fabcoind.com

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CONFINED SPACE ENTRY PERMIT

GENERAL INFORMATION

Space to be Entered: _____ Purpose of Entry: _____

Location / Building: _____ Authorized Duration of Permit: Date: _____ To _____
 Time: _____ To _____

- PERMIT SPACE HAZARDS** (Initial specific hazards)
- _____ Oxygen deficiency (less than 19.5%)
 - _____ Oxygen enrichment (greater than 23.5%)
 - _____ Flammable gases or vapors (greater than 10% LFL)
 - _____ Airborne combustibile dust (meets or exceeds LFL)
 - _____ Toxic gases or vapors (greater than PEL)
 - _____ Mechanical hazards
 - _____ Electrical shock
 - _____ Materials harmful to skin
 - _____ Engulfment
 - _____ Other: _____

- EQUIPMENT REQUIRED FOR ENTRY AND WORK**
 Specify as required:
- Personal Protective Equipment: _____
- Respiratory Protection: _____
- Atmospheric Testing/Monitoring: _____
- Communication _____
- Rescue Equipment: _____
- Other: _____

- PREPARATION FOR ENTRY** (Check after steps have been taken)
- Notification of affected departments of service interruption.
 - Isolation Methods: Lockout/Tagout Blank/blind
 - Purge/clean Inert Ventilate
 - Atmospheric test Barriers
 - Other: _____
 - Personal Awareness:
 - Pre-entry briefing on specific hazards and control methods
 - Other: _____
- _____
- Additional permits required and/or attached:
 - Hotwork Line breaking
 - Other: _____

COMMUNICATION PROCEDURES

To be used by attendants and entrants:

AUTHORIZED ENTRANTS (List by name or attach roster)

EMERGENCY SERVICE

Injury - *70 Code Blue Fire - *70 Code Red
 Spill - *70 Code yellow

AUTHORIZED ATTENDANTS (List by name)

TESTING RECORD

	Acceptable	Result	Result	Result	Result	Result	Result
Result Time	Conditions	: am/pm	: am/pm	: am/pm	: am/pm	: am/pm	: am/pm
Oxygen-min	≥19.5%	_____					
Oxygen-max	≤23.5%	_____					
Flammability	≤10%LEL/LFL	_____					
H ² S	≤10 ppm	_____					
Toxic (specify)		_____					
Cl ²	≤0.5ppm	_____					
CO	≤35 ppm	_____					
SO ²	≤2 ppm	_____					
Heat	°F/°C	_____					
Other		_____					
Tester Initials		_____					

AUTHORIZATION BY ENTRY SUPERVISORS

I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in this confined space.

Printed Name	Signature	Date	Time
_____	_____	_____	_____

THIS PERMIT MUST BE POSTED ON JOB SITE GOOD ONLY ON INDICATED DATE
Original sent to Safety when job is completed