

BGSU's Permit-Required Confined Space Entry Permit

Date & Time of Entry:				Date & Time Cancelled:				
<i>*Completed permit must be posted at point of entry.*</i>			Authorized Duration of Entry Operations (hours):					
Space to be entered:		Location/Department:		Purpose of Entry:				
Permit Space Hazards: (check all that apply)								
<input type="checkbox"/> Oxygen deficiency (less than 19.5%)		<input type="checkbox"/> Oxygen enrichment (greater than 23.5%)		<input type="checkbox"/> Electrical shock				
<input type="checkbox"/> Flammable gases/vapors (greater than 5% LEL/LFL)		<input type="checkbox"/> Airborne combustible dust (less than 5ft visibility)		<input type="checkbox"/> Material harmful to skin (specify):				
<input type="checkbox"/> Engulfment (could flow over and enclose entrant, i.e. water)		<input type="checkbox"/> Toxic gases/vapors (greater than 50% of TLV/PEL – specify): _____						
<input type="checkbox"/> Mechanical hazards (specify): _____				<input type="checkbox"/> Other (specify): _____				
Preparation for Entry: (check after completed)								
<input type="checkbox"/> Notified affected department(s) of service interruption				<input type="checkbox"/> Notified BGFD of location, nature of work, and approximate duration of project (419-372-3106)				
Methods for Controlling Space Hazards: (check all that apply)								
<input type="checkbox"/> Lockout/Tagout		<input type="checkbox"/> Blank/Blind		<input type="checkbox"/> Purge/Clean				
<input type="checkbox"/> Ventilation		<input type="checkbox"/> Pedestrian Barriers		<input type="checkbox"/> Other (specify): _____				
Personnel Awareness: Pre-entry briefing on specific hazards and control methods (check after completed)								
<input type="checkbox"/> Notified all affected employees				<input type="checkbox"/> Notified all affected contractors				
<input type="checkbox"/> Other (specify): _____								
Additional Permits: Check if required (must be attached) <input type="checkbox"/> Hot Work <input type="checkbox"/> Other (specify): _____								
Atmospheric Testing: (Results must be recorded initially and then every 15 minutes thereafter. Additional permit pages can be attached for additional documented readings.)								
Sampling Equipment Type:		Serial Number:		Date Calibrated:				
Time:								
Oxygen (O ₂) Level = 20.8%								
Lower Explosive Limit < 5%								
Carbon Monoxide (CO) < 6 PPM								
Hydrogen Sulfide (H ₂ S) < 5 PPM								
Other (specify):								
Testers Initials:								
Equipment Required for Entry and Work: (specify)								
Special Personal Protective Equipment:				Lighting Equipment:				
Rescue Equipment:				Other:				
Means of Communication for Entrants and Attendants: (Circle all that apply)				Verbal Hand Signals Radio/Nextel (check battery/working order) Other				
Authorized Entrants		(Print Name)		(Print Name)		(Print Name)		
		(Signature)		(Signature)		(Signature)		
Authorized Attendants		(Print Name)		(Print Name)		(Print Name)		
		(Signature)		(Signature)		(Signature)		
Authorized Entry Supervisor (MUST BE A TRAINED SUPERVISOR)								
I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in this confined space.								
Print Name:		Signature:		Date:				