

Date _____ **Tri-County Regional School Board** Emergency Number _____

Confined Space Entry Permit

Permit Issued by: _____ Permit Approved by: _____

Location/Equipment: _____

Type of Work: Hot Work Cold Work Electrical Repairs Cleaning Inspection

Other: _____

PERMIT VALID FOR TWELVE HOURS ONLY

Y N N/A

Y N N/A

- Job Planning Complete
- Fire Fighting Equipment on Hand
- C.S. Product/ MSDS Reviewed
- Grounding/Bonding Cables Req'd
- Review Work MSDS
- Electrical Tools Grounded Type
- Safe Access to Confined Space
- Explosion Proof(XP)Type Lighting
- Contents Removed/Flushed
- GFI & XP Extension Cords
- Area Cleared of Potential Hazards
- Communications Equipment Req'd
- Lines Isolated & blanked
- Hearing Protection Required

- Lockout Procedures Followed
- Face Shield/Glasses Required
- Respiratory Protection Required
- Head Protection Required
- Space Ventilated Before Entry
- Protective Clothing
- Natural Ventilation
- Emergency Eye Wash/Shower
- Mechanical Ventilation
- Additional Equipment Required
- Ventilation Required During Entry
- Special Permits Required
- Safety Harness & Life Line
- Workers Aware of Conditions

Oxygen: _____ L.E.L.: _____ Toxic Gas 1: _____ Toxic Gas 2: _____

Tested by: _____ Date: _____ Freq. Of Testing: _____

Time of Test: _____ Gas Detector Serial Number: _____

Make: _____ Model: _____ Calibration Date: _____

Entry and Safety Watch Signatures

Permit Approved YES NO

Permit Expiry Date: _____

Time: _____