

NOTE: This permit must be posted at the space entrance during entry operation for permit confined spaces

ENTRY TYPE		PERMIT #:
<input type="checkbox"/>	Permit required confined space (PRCS): All sections of this form must be completed	
<input type="checkbox"/>	PRCS reclassification to NPRCS: Fill out reclassification section below	
<input type="checkbox"/>	Non-permit required confined space (NPRCS): No permit necessary - Do not fill out form	

PRELIMINARY INFORMATION				
SECTION I	NAME OF SPACE:		Space ID #:	
	Date/time issued:		Date/time expires:	

CATEGORY OF CONFINED SPACE	
SECTION II	<input type="checkbox"/> Category 1 – Two-person job (possibility of entrapment or difficulty in rescue) <input type="checkbox"/> Category 2 – Confined space (Lockout/Tagout, physical hazard or entrapment) <input type="checkbox"/> Category 3 – Below grade, no sewer lines within 25', required ventilation 10 minutes prior to entry* <input type="checkbox"/> Category 4 – Ventilation, air testing, lockout/tagout and rescue equipment required* <i>* Category 3 and 4 confined spaces require atmospheric monitoring. Use page 2 for atmospheric monitoring log.</i>

PERMIT REQUIRED CONFINED SPACE (PRCS) INFORMATION								
SECTION III	Reason for entry:			Job or entry tasks:				
	Are all energy sources isolated?		<input type="checkbox"/> Yes	Attendant (Required) Name:				
	Site specific procedures required:			<input type="checkbox"/> LOTO	<input type="checkbox"/> JHA	<input type="checkbox"/> Hot Work	<input type="checkbox"/> Other (Specify):	
	Communication procedures:		<input type="checkbox"/> Radio	<input type="checkbox"/> Other (Specify):				
	Rescue procedures:		<input type="checkbox"/> 911	<input type="checkbox"/> Other (Specify):				
	PROTECTIVE EQUIPMENT REQUIREMENTS:							
	<input type="checkbox"/> Hearing Protection		<input type="checkbox"/> Respirators	<input type="checkbox"/> Harness	<input type="checkbox"/> Life Line	<input type="checkbox"/> GFCI	<input type="checkbox"/> Radio	<input type="checkbox"/> Individual Air Monitor
	<input type="checkbox"/> Protective Clothing		<input type="checkbox"/> Flashlight	<input type="checkbox"/> Ventilation	<input type="checkbox"/> Hoisting Equipment	<input type="checkbox"/> Waders	<input type="checkbox"/> Explosion Proof Lighting	
	<input type="checkbox"/> Barricades/Guard Rails			<input type="checkbox"/> Non-Sparking Tools		<input type="checkbox"/> Pneumatic Tools	<input type="checkbox"/> Fall Protection	

APPROVALS		
SECTION IV	<u>RECLASSIFICATION Approval (Management or Designee):</u>	
	This is to certify, to the best of my knowledge and belief, that there are no hazards or potential hazards associated with the above-named confined space or that all pre-existing hazards have been eliminated. This space is now classified as a non-permit space and is considered safe for work.	
	Printed Name	Signature
	Date	
SECTION IV	<u>PERMIT Approved By (Supervisor or Designee):</u>	
	Printed Name	Signature
	Date	

ENTRANT LOG FORM	
SECTION V	<u>Use of Confined Space Entry Permit Form 2:</u> If working in a category 3 or 4 confined space, use page 2 of this document for entrant, attendant, and supervisor log in/ out. Return this permit to Central Plant with 4-gas meter upon completion.

PERMIT CLOSURE		
SECTION VI	<input type="checkbox"/> Confined Space Entry Completed and all tools, materials and entrants are out of the space.	
	Printed Name	Signature

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ENTRANT PERSONNEL/EQUIPMENT ENTRY LOG							PERMIT #:			
	Name	Date	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out
1										
2										
3										
4										
5										

ATTENDANT LOG										
	Name	Date	Time In	Time Out						
1										
2										
3										
4										
5										

ENTRY SUPERVISOR/DESIGNEE										
	Name	Date	Time In	Time Out						
1										
2										
3										
4										
5										

1 ATMOSPHERIC CHECKS											
REQUIRED FOR CATEGORY 3 AND 4 CONFINED SPACES	Tester's Name:		4-gas Meter ID#:								
		Initial Monitoring		Periodic Atmospheric Monitoring Information (Please use page 3 of this form as needed for additional monitoring)							
		Initials									
		Date									
		Time									
	Results										
	Oxygen (19.5-23%):	19.5-23%									
	Carbon Monoxide (<35ppm):	< 35 ppm									
	Lower Flammable Limit:	< 10%									
	Hydrogen Sulfide (<10ppm*):	< 10 ppm									
Ammonia (<20 ppm*):	< 20 ppm										
Other Toxic Gas*:											
* Denotes optional field											