

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

SPACE CLASSIFICATION		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			
<b>SECTION I</b>	NAME OF SPACE:		Space ID #:
	Date/time issued:		Date/time expires:

CLASSIFICATION OF CONFINED SPACE	
<b>SECTION II</b>	<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							
<b>SECTION III</b>	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):			
	<b>PROTECTIVE EQUIPMENT REQUIREMENTS:</b>						
	<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"/> 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		
<b>SECTION IV</b>	<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	
<b>SECTION V</b>	<u>PERMIT Approved By (Supervisor or Designee):</u>	
	Printed Name	Signature
	Date	

ENTRANT LOG FORM	
<b>SECTION V</b>	<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		
<b>SECTION VI</b>	<input type="checkbox"/> Confined Space Entry Completed and all tools, materials and entrants are out of the space.	
	Printed Name	Signature
	Date	

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

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	Time In	Time Out	Time In	Time Out	Time In	Time Out
1										
2										
3										
4										
5										

ENTRY SUPERVISOR/DESIGNEE										
	Name	Date	Time In	Time Out	Time In	Time Out	Time In	Time Out	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#:								
		<b>Initial Monitoring</b>		<b>Periodic Atmospheric Monitoring Information</b> (Please use page 3 of this form as needed for additional monitoring)							
		Initials									
		Date									
		Time									
	<b>Results</b>										
	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											