

## CONFINED SPACE ENTRY PERMIT

### David E. Looper & Company

Date:					
Site location or description:					
Purpose of entry: _____ _____					
Supervisor(s) in charge of crews:		Type of crew (welding, plumbing, etc)		Phone #:	
Permit duration:					
Communication procedures (including equipment): _____ _____					
Rescue procedures (also see emergency contact phone numbers at end of form): _____ _____					
<b>REQUIREMENTS COMPLETED</b> <b>(Put N/A if item doesn't apply)</b>		<b>DATE</b>	<b>TIME</b>	<b>REQUIREMENTS COMPLETED</b> <b>(Put N/A if item doesn't apply)</b>	
Lockout/De-energize/Try-out				Supplied Air Respirator (N/A if alternate entry)	
Line(s) Broken-Capped-Blank				Respirator(s) (Air Purifying)	
Purge-Flush and Vent				Protective Clothing	
Ventilation				Full Body Harness w/ "D" ring	
Secure Area (Post and Flag)				Emergency Escape Retrieval Equip	
Lighting (Explosive Proof)				Lifelines	
Hotwork Permit				Standby safety personnel (N/A if alternate entry)	
Fire Extinguishers				Resuscitator—Inhalator (N/A if alternate entry)	
<b>Add other specific information, if needed, or attach additional instructions or requirements. See the following examples in bold print.</b>					
<b>Line(s) to be bled/blanked:</b>					
<b>Ventilation equipment:</b>					
<b>PPE clothing:</b>					
<b>Respirator(s):</b>					
<b>Fire extinguisher(s):</b>					
<b>Emergency retrieval equipment:</b>					

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AIR MONITORING										
Substance Monitored		Permissible Levels		Monitoring Results						
Time monitored (put time)		Record the time								
Percent Oxygen		19.5% to 23.5%								
LEL/LFL		Under 10%								
Toxic 1:		_____ PEL	_____ STEL							
Toxic 2:		_____ PEL	_____ STEL							
Toxic 3:		_____ PEL	_____ STEL							
Toxic 4:		_____ PEL	_____ STEL							
<b>REMARKS:</b>										
_____										
_____										
Air Tester Name	ID#	Instrument(s) Used <small>(For example: oxygen meter, combustible gas indicator, etc.)</small>	Model # or Type	Serial# or Unit						
ATTENDANTS AND ENTRANTS										
Attendant(s) <small>(Required for all confined space work except alternate entry)</small>			ID#	Confined Space Entrant(s)			ID#			
<b>REMARKS:</b>										
_____										
_____										
<b>SUPERVISOR AUTHORIZATION - ALL CONDITIONS SATISFIED</b>										
Department or phone number: _____										
<b>EMERGENCY CONTACT PHONE NUMBERS:</b>										
AMBULANCE:	FIRE:	SAFETY:	RESCUE TEAM:	OTHER:						
_____	_____	_____	_____	_____						