

**CONFINED SPACE ENTRY PERMIT CRAWL
SPACES AND BOILER ROOMS**

Location of Work: _____
 Description of Work: _____
 Entry Date: ____/____/19____ Entry Time: ____ - ____
 Contractor or Department: _____
 Classification: Catastrophic Critical Marginal Negligible

PERSONAL SAFETY

Ventilation Requirements	Positive Pressure- <input type="checkbox"/> Negative Pressure- <input type="checkbox"/> Natural- <input type="checkbox"/>
Respirators	Full Face Neg- <input type="checkbox"/> Full Face Supplied- <input type="checkbox"/> SCBA- <input type="checkbox"/> N/A- <input type="checkbox"/>
Clothing Full Body	Level A- <input type="checkbox"/> Level B- <input type="checkbox"/> Level C- <input type="checkbox"/> N/A <input type="checkbox"/>
Hand and Foot Protection	Leather- <input type="checkbox"/> Butyl- <input type="checkbox"/> Nitrile- <input type="checkbox"/> Silver Shield- <input type="checkbox"/> N/A <input type="checkbox"/>
Shields	Glasses- <input type="checkbox"/> Goggles- <input type="checkbox"/> Full-Coverage Face- <input type="checkbox"/> N/A <input type="checkbox"/>
Head Protection	Hard Hat- <input type="checkbox"/> Helmet w/shield- <input type="checkbox"/> Other _____ N/A <input type="checkbox"/>
Life Line and Harness	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Lighting	Permanent <input type="checkbox"/> Portable <input type="checkbox"/> Flashlight <input type="checkbox"/> N/A <input type="checkbox"/>
Communications	Telephone <input type="checkbox"/> FM Portable Radio <input type="checkbox"/> N/A <input type="checkbox"/>
Buddy System	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Standby Person	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Emergency Egress Procedures	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

If no or N/A to any of the above questions explain why. _____

ATMOSPHERIC GAS TESTING

	Location	Reading	N/A	Type of Gas
Oxygen deficiency	_____	_____%	_____	N/A
Flammibility	_____	_____%LEL	_____	_____
Toxic	_____	_____%	_____	_____ PPM/PPB

Test Performed By _____
 _____ Print Name _____ Signature _____
 Date of Test: ____/____/19____ Time of Test _____
 If N/A to any of the above explain why. _____

AUTHORIZATION

Supervisor	_____	_____
	Print Name	Signature
Safety Supervisor	_____	_____
	Print Name	Signature

ENTRY AND EMERGENCY PROCEDURES UNDERSTOOD

Standby Person	_____	_____
	Print Name	Signature
Employees Training	_____	_____
	Print Name	Signature
Employees Training	_____	_____
	Print Name	Signature
Permit Expires	____/____/19____	Time _____
Emergency Phone Numbers	Fire Department _____	Ambulance _____