



# Confined Space Entry Permit

Reason for entry (please specify):	Start date/time:
	End date/time:

**See the confined space inventory for the following information:**

The classification in the inventory as a Confined Space that can be prequalified as a Non-Permit Required Confined Space

Yes ☐ No ☐

Vessel Number:	Date of last hazard evaluation:
Description of vessel:	Any new hazards since last evaluation?
Location:	No <input type="checkbox"/>
	Yes (list) <input type="checkbox"/>

**Minimum Conditions for Entry**

*If the conditions are not met, entry is prohibited. If occupied, the space must immediately be evacuated.*

Oxygen	Minimum of 20%	Engulfment hazard	No engulfment hazard may be present
Flammable gases	5% LEL	Hazardous flows	Must be secured and locked/tagged out
H <sub>2</sub> S	0ppm	Hazardous energy	Must be secured and locked/tagged out

**Certification of Hazard Elimination**

Hazard	Verification of Hazard Elimination		
Hazardous atmosphere	Eliminated	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Entrapment/engulfment hazard	Eliminated	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hazardous energies	Eliminated	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other hazards	Eliminated	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Air Monitoring Equipment**

Manufacturer: _____	Last Calibrated	Date: _____	Time: _____
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**Initial Gas Test**

Results	Date: _____	Time: _____
LEL: _____% O <sub>2</sub> : _____% H <sub>2</sub> S: _____ PPM CO: _____%	Performed by: _____	
LEL Max: 5% O <sub>2</sub> Min: 19.5%		

Page 2 contains space for hourly gas testing.

Entrants and Attendants ( <i>Minimum of two workers is required</i> )	Entrant	Attendant
Print Name: _____	<input type="checkbox"/>	<input type="checkbox"/>
Print Name: _____	<input type="checkbox"/>	<input type="checkbox"/>
Print Name: _____	<input type="checkbox"/>	<input type="checkbox"/>

**Confirmation**

I confirm that the named confined space and planned work meet the required conditions of an NPRCS entry.	
Print Name: _____	
Signature: _____	Date: _____
I am the (check one): <input type="checkbox"/> Confined space entry supervisor <input type="checkbox"/> Confined space program manager	



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