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- Part Number: 1910
- Part Title: Occupational Safety and Health Standards
- Subpart: J
- Subpart Title: General Environmental Controls
- Standard Number: 1910.146 App D
- Title: Confined Space Pre-Entry Check List

Appendix D to §1910.146 -- Sample Permits

Appendix D-1

Confined Space Entry Permit

 Date and Time Issued: _____ Date and Time Expires: _____
 Job site/Space I.D.: _____ Job Supervisor: _____
 Equipment to be worked on: _____ Work to be performed: _____

Stand-by personnel: _____

 1. Atmospheric Checks: Time _____
 Oxygen _____ %
 Explosive _____ % L.F.L.
 Toxic _____ PPM

2. Tester's signature: _____

 3. Source isolation (No Entry): N/A Yes No
 Pumps or lines blinded, () () ()
 Disconnected, or blocked () () ()

 4. Ventilation Modification: N/A Yes No
 Mechanical () () ()
 Natural Ventilation only () () ()

 5. Atmospheric check after
 isolation and Ventilation:
 Oxygen _____ % > 19.5 %
 Explosive _____ % L.F.L. < 10 %
 Toxic _____ PPM < 10 PPM H(2)S
 Time _____
 Testers signature: _____

6. Communication procedures: _____

7. Rescue procedures: _____

 8. Entry, standby, and back up persons: Yes No
 Successfully completed required
 training?
 Is it current? () ()

 9. Equipment: N/A Yes No
 Direct reading gas monitor - tested () () ()
 Safety harnesses and lifelines for entry and standby persons () () ()
 Hoisting equipment () () ()
 Powered communications () () ()
 SCBA's for entry and standby persons () () ()
 Protective Clothing () () ()
 All electric equipment listed
 Class I, Division I, Group D
 and Non-sparking tools () () ()

 10. Periodic atmospheric tests:
 Oxygen _____ % Time _____ Oxygen _____ % Time _____
 Oxygen _____ % Time _____ Oxygen _____ % Time _____
 Explosive _____ % Time _____ Explosive _____ % Time _____
 Explosive _____ % Time _____ Explosive _____ % Time _____
 Toxic _____ % Time _____ Toxic _____ % Time _____

Toxic ____% Time ____ Toxic ____% Time ____

We have reviewed the work authorized by this permit and the information contained here-in. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked in the "No" column. This permit is not valid unless all appropriate items are completed.

Permit Prepared By: (Supervisor) _____
 Approved By: (Unit Supervisor) _____
 Reviewed By (Cs Operations Personnel) : _____

(printed name) _____ (signature) _____

This permit to be kept at job site. Return job site copy to Safety Office following job completion.

Copies: White Original (Safety Office)
 Yellow (Unit Supervisor)
 Hard(Job site)

Appendix D - 2

ENTRY PERMIT

PERMIT VALID FOR 8 HOURS ONLY. ALL COPIES OF PERMIT WILL REMAIN AT JOB SITE UNTIL JOB IS COMPLETED

DATE: - - SITE LOCATION and DESCRIPTION _____

PURPOSE OF ENTRY _____

SUPERVISOR(S) in charge of crews Type of Crew Phone # _____

COMMUNICATION PROCEDURES _____

RESCUE PROCEDURES (PHONE NUMBERS AT BOTTOM) _____

* BOLD DENOTES MINIMUM REQUIREMENTS TO BE COMPLETED AND REVIEWED PRIOR TO ENTRY*

REQUIREMENTS COMPLETED	DATE	TIME
Lock Out/De-energize/Try-out	____	____
Line(s) Broken-Capped-Blanked	____	____
Purge-Flush and Vent	____	____
Ventilation	____	____
Secure Area (Post and Flag)	____	____
Breathing Apparatus	____	____
Resuscitator - Inhalator	____	____
Standby Safety Personnel	____	____
Full Body Harness w/"D" ring	____	____
Emergency Escape Retrieval Equip	____	____
Lifelines	____	____
Fire Extinguishers	____	____
Lighting (Explosive Proof)	____	____
Protective Clothing	____	____
Respirator(s) (Air Purifying)	____	____
Burning and Welding Permit	____	____

Note: Items that do not apply enter N/A in the blank.

**RECORD CONTINUOUS MONITORING RESULTS EVERY 2 HOURS

CONTINUOUS MONITORING*	Permissible
TEST(S) TO BE TAKEN	Entry Level
PERCENT OF OXYGEN	19.5% to 23.5%
LOWER FLAMMABLE LIMIT	Under 10%
CARBON MONOXIDE	+35 PPM
Aromatic Hydrocarbon	+ 1 PPM * 5PPM
Hydrogen Cyanide	(Skin) * 4PPM
Hydrogen Sulfide	+10 PPM *15PPM
Sulfur Dioxide	+ 2 PPM * 5PPM
Ammonia	*35PPM

* Short-term exposure limit: Employee can work in the area up to 15 minutes.

+ 8 hr. Time Weighted Avg.: Employee can work in area 8 hrs (longer with appropriate respiratory protection).

REMARKS: _____

GAS TESTER NAME & CHECK #	INSTRUMENT(S) USED	MODEL & OR TYPE	SERIAL &/OR UNIT #
_____	_____	_____	_____
_____	_____	_____	_____

SAFETY STANDBY PERSON IS REQUIRED FOR ALL CONFINED SPACE WORK	
SAFETY STANDBY CHECK # CONFINED	CONFINED
PERSON(S) SPACE	CHECK # SPACE
ENTRANT(S)	CHECK #
ENTRANT(S)	_____

SUPERVISOR AUTHORIZING - ALL CONDITIONS SATISFIED
DEPARTMENT/PHONE
AMBULANCE 2800 FIRE 2900 Safety 4901 Gas Coordinator 4529/5387

[58 FR 4549, Jan. 14, 1993; 58 FR 34846, June 29, 1993]

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U.S. Department of Labor | Occupational Safety & Health Administration | 200 Constitution Ave., NW, Washington, DC 20210
Telephone: 800-321-OSHA (6742) | TTY: 877-889-5627
<http://www.osha.gov/>