



Confined Space Entry Permit

LDOCSA
ASSOCIATES, INC.
GENERAL CONTRACTORS

*Permit valid for 8 hours only.
All copies of permit will remain on job-site until job is completed.*

Confined space: _____	Hazardous area: _____
Site location/description: _____	Date: _____
Purpose of entry: _____	
Supervisor in charge: _____	Telephone: _____
# in Crew _____	Crew trained: _____
Communication process: _____	Rescue procedures: _____

Requirements Completed

Pre-entry meeting held _____	Welding permit/hotwork _____	
Lock Out/De-energize/Try-out _____	Full Body Harness w/ "D" ring _____	
Line(s) Broken-Capped-Blanked _____	Emergency escape retrieval equip. _____	
Purge-Flush and Vent _____	Lifelines _____	
Ventilation _____	Fire extinguishers _____	
Secure Area (Post and Flag) _____	Lighting (explosive proof) _____	
Breathing Apparatus _____	Protective clothing _____	
Resuscitator - Inhalator _____	Respirator(s) (air purifying) _____	
Standby Safety Personnel _____	Burning and welding permit _____	

Record Continuous Monitoring Results Every 2 Hours (bold/shaded items are required)

Continuous Monitoring Test(s) to be taken	Possible Entry Level	RESULTS					
		2 hr.	4 hr.	6 hr.	8 hr.	10 hr.	12 hr.
Percent of oxygen	19.5 to 23.5%						
Lower flammable limit	Under 10%						
Carbon monoxide	+35 PPM						
Armothic hydrocarbon	+1 PPM *5PPM						
Hydrogen cyanide	(Skin) *4PPM						
Hydrogen sulfide	+10 PPM * 15PPM						
Sulfur dioxide	+2 PPM * 5 PPM						
Ammonia	*35 PPM						

* Short-term exposure limit: Employee can work in the area up to 15 minutes.
 +8 hr. Time weighted Average: Employee can work in area 8 hours (longer with appropriate respiratory protection).

REMARKS:

Gas Tester Name and Check Number	Instrument(s) Used	Model and/or Type	Serial and/or Unit Number

Safety standby person is required for all confined space work

Safety Standby Person(s)	Check #	Entrant(s)	Check #	Entrant(s)

Supervisor Authorizing Entry - All Conditions Satisfied:

Superintendent/Safety Manager: _____

Add the following phone numbers for safety

Ambulance: _____	Fire: _____	Safety: _____	Gas: _____
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