

MPI CONFINED SPACE ENTRY PERMIT

POST PERMIT AT JOB SITE UNTIL JOB IS COMPLETED

IN CASE OF EMERGENCY, CALL 911

Location and description of confined space	
Purpose of entry and specific hazards present:	
Division authorizing work	Date of entry
Other permits required	Time of entry
	Expiration date
Entry supervisor	Entrants
Attendants	

Special precautions	Personal protective equipment
<i>(Check and explain where required)</i>	
<input type="checkbox"/> Lock/tag	<input type="checkbox"/> SCBA
<input type="checkbox"/> Lines blocked or broken	<input type="checkbox"/> Coveralls
<input type="checkbox"/> Air flush (preliminary)	<input type="checkbox"/> Face/eye protection
<input type="checkbox"/> Air flush (continuous)	<input type="checkbox"/> Footwear
<input type="checkbox"/> Area security	<input type="checkbox"/> Gloves
<input type="checkbox"/> Escape harness	<input type="checkbox"/> Respirator
<input type="checkbox"/> Lifeline	<input type="checkbox"/> Head protection
<input type="checkbox"/> Tripod/hoist	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Communication (e.g., verbal, radio)	<input type="checkbox"/> -
<input type="checkbox"/> Lighting	<input type="checkbox"/> -
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> -
<input type="checkbox"/>	<input type="checkbox"/> Radiation dosimeter(s)
<input type="checkbox"/>	<input type="checkbox"/> PIC
List specific communication procedures:	notes:

Safety Director and Project Manager authorization

Safety Director signature	Date	Project Manager signature	Date
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Air-monitoring device information

Device	Sequence or serial number	Date due for calibration	Pre-use spot check performed by	Notes

Air monitoring data

Attendant air sampling required (continuously) (every _____ minutes)

Date	Time	Sampled by	Air sampling required for: (check or complete where applicable)					Other	Notes
			<input type="checkbox"/> %O ₂ (>19.5%)	<input type="checkbox"/> %LEL (<10%)	<input type="checkbox"/> [CO] (ppm) (<10 ppm)	<input type="checkbox"/> [H ₂ S] (ppm) (<10 ppm)	<input type="checkbox"/> Stratification		

Permit authorization (must be signed before entry)

_____ Date _____ Time _____
Entry Supervisor's signature
(Signature certifies that all precautions and equipment are in place and all atmospheric testing shows air acceptable for entry)

Permit cancellation (must be signed after work is completed)

_____ Date _____ Time _____
Entry Supervisor's signature

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