

SAFETY PERMIT: CONFINED SPACE ENTRY

This permit is issued subject to employees reading and understanding Confined Space Entry Policy (GABBA). A completed copy of this permit must be made available at the confined space worksite.

WORK ORDER NUMBER: _____ DATE: _____

WORKSITE: _____ SPECIFIC LOCATION: _____

REASON FOR ENTRY: _____

ENTRY PERMIT LIMITATIONS

Scheduled Start Time: _____ Scheduled Finish Time: _____

Entrant _____ Attendant _____

Entrant _____ Attendant _____

Worksite Hazard Analysis Conducted And Reviewed With All Involved (Yes)

Name Of Individuals Who Conducted Hazard Analysis: _____

Types of Hazards

- Oxygen-Deficient Atmosphere
- Oxygen-Enriched Atmosphere
- Welding/Cutting
- Fall Hazard
- Hazardous Chemical
- Toxic Atmosphere
- Flammable Atmosphere
- Energized Electrical Equipment
- Entrapment
- Engulfment
- Other _____

Note: If welding/cutting operations are to be performed, also use Hot Work Permit (GABD-R)

Safety Precautions

- Self-Contained Breathing Apparatus (SCBA)
- Supplied Air Respirator (SAR)
- Fire-Retardant Clothing
- Ventilation (Mechanical)
- Air Monitor
- Protective Gloves
- Lifelines/Harness
- Respirators
- Lockout/Tag-out
- Fire Extinguishers
- Tripod/Winch/Harness
- Hard Hat
- Blanking
- Lighting
- Ground Fault Circuit Interrupter
- Hot Work Permit
- Other _____

Employee(s) Conducting Safety Checks of
Equipment/PPE – **Signature(s):**

Employee(s) Trained In First Aid – **Signature(s):**

Employee(s) Trained In Fire Suppression – **Signature(s):**

Signature of All Individuals Whose Name Appears On This Permit

_____ Printed Name _____ Signature _____ Date

_____ Printed Name _____ Signature _____ Date

_____ Printed Name _____ Signature _____ Date

_____ Printed Name _____ Signature _____ Date

ENTRY AUTHORIZED BY:

_____ Print Name _____ Company Name _____ Date

_____ Signature