


Confined Space Entry Permit

Provided by **Sentry Road** — Your Trusted Safety Training and Compliance Partner

Permit Overview

Use this permit to document all **pre-entry, entry, and post-entry protocols** for confined space work.

 *No entry is allowed unless every section is completed and reviewed.*

Date/Time Issued:

Date/Time Expires:

Job Site / Space ID:

Job Supervisor:

Equipment to be Worked On:

Work to be Performed:

Assigned Standby Personnel

1. _____
2. _____
3. _____

1. Initial Atmospheric Testing

- **Time:** _____
- **Oxygen:** _____%
- **Explosive:** _____% LEL
- **Toxic:** _____ ppm

Tester's Signature: _____

2. Source Isolation

Has energy isolation been performed?

- **Pumps/lines blinded:** ☐ Yes ☐ No ☐ N/A
- **Disconnected or blocked:** ☐ Yes ☐ No ☐ N/A

3. Ventilation

What type of ventilation is in place?

- **Mechanical:** ☐ Yes ☐ No ☐ N/A
- **Natural only:** ☐ Yes ☐ No ☐ N/A

4. Post-Isolation Atmospheric Recheck

- **Time:** _____
- **Oxygen:** _____%
- **Explosive:** _____% LEL
- **Toxic:** _____ ppm

Tester's Signature: _____

5. Communication Procedures

Describe how entrants will communicate with standby personnel:

6. Rescue Plan

Outline emergency rescue procedures and assigned responders:

7. Training Verification

Have all entry, standby, and backup personnel:

- ☐ Successfully completed required training?
- ☐ Is training current?

8. Equipment Checklist

Equipment	Yes	No	N/A
Gas monitor tested			
Safety harness & lifelines			
Hoisting equipment			
Powered communications			
SCBAs for entry/standby			
Protective clothing			
Non-sparking tools			

Final Authorization

We have reviewed the work authorized and confirm that all safety measures are understood and in place.

❌ *Entry is not permitted if any section is incomplete.*

- **Prepared By (Supervisor):** _____
- **Approved By (Unit Supervisor):** _____
- **Reviewed By (CS Ops Personnel):** _____

(printed name)

(signature)

✅ Permit must remain at the job site and be returned to the Safety Office upon job completion.

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