

**VICKSBURG DISTRICT
CONFINED SPACE ENTRY PERMIT**

Location of space _____
 Description of space _____ Date _____
 Employee authorizing entry _____
 Purpose of entry _____
 Entry authorized from _____ to _____ date _____
 Authorized entrants _____
 Authorized attendant(s) _____

SPECIAL REQUIREMENTS

	YES	NO	N/A		YES	NO	N/A
Lock Out / De-Energized	___	___	___	Escape Harness	___	___	___
Lines Broken - Capped	___	___	___	Tripod	___	___	___
Purge Flush and Vent	___	___	___	Lifelines	___	___	___
Ventilation	___	___	___	Fire Extinguishers	___	___	___
Secure Area	___	___	___	Lighting	___	___	___
SCBA	___	___	___	Communication Equip	___	___	___
Toxic Chemicals(specify) _____							
Additional Requirements for Hot Work _____							

ATMOSPHERIC MONITORING/TESTING

% Oxygen _____ Acceptable Range 19.5% - 23.5%
 % Explosive Gas _____ Safe for Entry < 10% LFL
 Carbon Monoxide _____ Permissible Exposure Limit < 35 ppm
 Hydrogen Sulfide _____ Permissible Exposure Limit < 10 ppm
 Other toxic chemicals _____ PEL _____
 Monitoring will be conducted continuously [] or at _____ intervals

PERSONAL PROTECTIVE EQUIPMENT REQUIRED

ENTRY SUPERVISOR/COMPETENT PERSON _____
 AUTHORIZED ATTENDANT _____
 EMERGENCY RESPONSE NOTIFICATION _____
 EMERGENCY RESPONSE TEAM NOTIFIED _____ Phone _____
 FIRE DEPARTMENT NOTIFIED _____ Phone _____
 AMBULANCE NOTIFIED _____ Phone _____
 PERMIT CANCELED _____ Time _____