CONFINED SPACE ENTRY WORK PERMIT

TEMPLE UNIVERSITY®

Location:		
Permit Issued:	**Date:**	**Time:** (24 Hour)
Permit Expires:	**Date:**	**Time:** (24 Hour)
Location:	Is Hot work Being Conducted: □ **Yes** □ **No**	Area Inspected for Combustibles: □ **Yes** □ **No**
		If Yes, Were the Combustibles Removed: □ **Yes** □ **No**
Multirae/Air Monitoring Tester's Name:		**Fire Protection Used**
Fire Watch Required? □ **Yes** □ **No**	**Fire Watch Name:**	**Communication:** □ Verbal : Talking □ Verbal: Radio

Philadelphia SOC notified of entry? □ **Yes** □ **No**

Primary: 215-686-1349
Secondary: 215-260-4661

Communicate to the Philadelphia SOC:
Date and time of entry, location/address of entry, and the number of entrants.

Purpose of Entry/Work to Be Done

Atmospheric Monitoring	
Make and Model:	Serial Number:
Calibration Date:	Bump Test Date and Time:
Did the Multirae read 20.9% oxygen concentration outside of the confined space?	□ **Yes** □ **No**

Atmospheric Monitoring:	Intitial Result	Time	Re-Test Result	Time	Re-Test Result	Time	Re-Test Result	Time
Oxygen % 19.5 % to 23.5%								
Combustibles LEL (10%)								

Hydrogen Sulfide (below 10 ppm)								
Carbon Monoxide (below 25 ppm)								
VOCs (below 200 ppb)								
Was Forced Air Ventilation Required?				□ **Yes** □ **No**				

Personal Protective Equipment		**Lock Out/Tag Out**
□ No Special Equipment Required If Instructed by Facility Safety Specialist: □ APR Respirators □ Supplied Air Respirators □ Hearing Protection □ Safety Glasses □ Leather Work Gloves	If using chemicals in the confined space: □ Nitrile Gloves □ SDS Available	□ Valves Blocked □ Valves Tagged and Locked □ Depressurized □ Drained □ Lock and Tag Removed After Work is Complete □ Valve Opened After Work is Complete

Rescue Line Set Up	**Yes/No and Name**
Is the entrant wearing the appropriate rescue line harness?	□ **Yes** □ **No** **Name:**
Was the harness inspected prior to use?	□ **Yes** □ **No** **Name:**
Was the line on the rescue equipment inspected prior to use?	□ **Yes** □ **No** **Name:**
Is the harness properly connected to the rescue line?	□ **Yes** □ **No** **Name:**
Is the rescue properly connected to the wench on the tripod?	□ **Yes** □ **No** **Name:**
Permit Authorization	
The contents of this permit have all been completed prior to entry into the confined space.	
Entry Supervisor Name:	**Signature:**

Certification of Permit Brief to Entry Team:	
The contents of this permit were communicated to me prior to entry into the confined space.	
Entrant Name:	Attendant Name:
Signature:	Signature:
Entrant Name:	Attendant Name:
Signature:	Signature:

Entrance and Exit Times								
Authorized Entrant Name	Attendant Name	Entry Supervisor Name	Enter Time	Exit Time	Enter Time	Exit Time	Enter Time	Exit Time

Permit Closeout	
Is Job Complete: □ **Yes** □ **No**	**If the permit was cancelled, list the reason:**
Philadelphia SOC notified of permit cancellation or closure? □ **Yes** □ **No** **Primary:** 215-686-1349	
Permit Provided to Facility Safety Specialist? □ **Yes** □ **No**	**Entry Supervisor Name:** **Signature:**