

ODFW Confined Space Entry Permit

Date & Time Issued				Date & Time Expires			
Space I.D.							
Location				Task			
Potential Space Hazards							
Electrical	Yes	No	N/A	Slippery Surfaces	Yes	No	N/A
Mechanical	Yes	No	N/A	Falls	Yes	No	N/A
Hazardous Configuration	Yes	No	N/A	Other			
Engulfment Hazard	Yes	No	N/A				
Space Preparation/Isolation Measures							
All energy sources locked/tagged out				Yes	No	N/A	
Pumps /lines blinded, blocked, disconnected				Yes	No	N/A	
Space contents drained/flushed/neutralized				Yes	No	N/A	
Vessel Cleaned/Purged				Yes	No	N/A	
Mechanical Ventilation Provided				Yes	No	N/A	
Natural Ventilation Utilized				Yes	No	N/A	
Other							
Atmospheric Testing Results							
Parameter	TIME:	TIME:	TIME:	TIME:	TIME:	TIME:	TIME:
	RESULTS	RESULTS	RESULTS	RESULTS	RESULTS	RESULTS	RESULTS
Oxygen 19.5 to 23.5 %							
Flammables Less than 10 % LEL							
H2S Less than 10 ppm							
CO Less than 25 ppm							
Other							
Testers Initials							

Equipment Required (Specify as needed)	
PPE	
Respirators	
Air Monitoring	
Ventilation Equipment	
Fall Protection	
Rescue Equipment	
Communication Equipment	
Other	
Emergency Notification	
Location Address with Cross Street/Exit/Milepost as applicable:	
Rescue Service:	Phone Number:
Person Responsible for making call:	
Authorized Entrant(s)	Authorized Attendant(s)
Entry Supervisor (Please Print Name)	
Entry Authorization by Entry Supervisor (Signature)	
Date	Time

Maintain a copy of this permit in files at the site for two years.