



CONFINED SPACE ENTRY PERMIT

IN CASE OF AN EMERGENCY CALL x-3131 (630-840-3131)

Location and Description of Confined Space: _____

Purpose of Entry: _____

Division/Section Authorizing Work: _____ Date of Entry: _____

Expiration Date: _____ Time of Entry: _____

Other Permits Required: _____ Expiration Date: _____

_____ Expiration Date: _____

Entry Supervisor	ID #	Entrants	ID #
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Attendants	ID #		
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Required Special Precautions	Yes	No	Required Personal Protective Equipment	Yes	No
Lines Broken / Capped / Blanked			Radiation Dosimetry - (e.g., Badge, Pocket)		
Purge Area - Flush and Vent			Lighting		
Secure Area - Post and Barricade			Protective Clothing / Coveralls		
Mechanical Ventilation			Face Protection - (e.g., Glasses, Goggles, Face Shield)		
Full-Body Harness	✓		Eye Protection		
Lifeline			Footwear - (e.g., Safety Shoes, Boots)		
Retrieval System			Additional Air Monitor - (e.g., ODH Monitor)		
Spark Proof Tools			Gloves		
Communication with ENTRANT(S) (Pick one)	✓		Hardhats		
Verbal			Hearing Protection		
Radio / Walkie-Talkie			Respirator		
Communication with FIRE DEPT. (Pick one)	✓		Type:		
Cellular Phone			Training Date:		
Laboratory Phone			Fit Test Date:		
Radio			Medical Surveillance Date:		

Notifications - List Full Names

Date(s) and Time(s)	Fire Dept. (x3413 or 630-840-3413)	Landlord DSO or Functional Landlord DSO

Notes or Other Special Precautions (List Below):

POST PERMIT AT THE JOB SITE UNTIL THE JOB IS COMPLETED OR UNTIL THE PERMIT EXPIRES

Air Monitoring Equipment Data

Instrument Used	Instrument #	Calibration		
		Date	Initials	ID#

Atmospheric Testing Data*

Date	Time	Location of Reading	% Oxygen (19.5% To 23.5%)	% LEL (Below 10%)	Carbon Monoxide (Below 25 ppm)	Hydrogen Sulfide (Below 5 ppm)	Other Toxic (If Applies)	Notes (i.e. Pre-entry reading, During entry, etc.)	Atmosphere Tested By	
									Initials	ID#
								Pre-Entry		

*NOTE: Testing results shall be recorded at a minimum of at least once per hour.

Permit Authorization

_____ a.m. / p.m.
 Entry Authorization Certification (Entry Supervisor) Date Time

The entry authorization signature certifies that all precautions and equipment specified by this permit are in place and all atmospheric testing is within allowable limits to allow entry.

ES&H Permit Approval (if required by Landlord)

_____ a.m./p.m.
 Landlord DSO or designee Date Time

Cancellation of Permit

_____ a.m. / p.m.
 Permit Cancellation Signature (Entry Supervisor) Date Time

The entry supervisor cancels the permit when either unacceptable conditions arise or when the work authorized by the permit has been completed.

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POST PERMIT AT THE JOB SITE UNTIL THE JOB IS COMPLETED OR UNTIL THE PERMIT EXPIRES,
FORWARD COMPLETED PERMITS TO THE ESH&Q SECTION (MS 119)