



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)	Division/Section/Project DSO

Notes or Other Special Precautions (List Below):

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

