

**State of MN – CONFINED SPACE PERMIT**

**SECTION I – Safe Work Planning (Maximum Duration of Permit is One Working Shift)**

Area/Phase	Description of space To be entered:	Reason For Entry:
<b>INDIVIDUALS ENTERING CONFINED SPACE</b> (If more individuals need to be listed, create an attachment to this form.)		
1.	2.	3.
SAFETY ATTENDANT:		
Date/Time of Actual Work (Maximum–One Shift)	From: (Date) (Time)	To: (Date) (Time)
Description of Job Hazards:	Hazard Identification and Preventive Measures	
	<input type="checkbox"/> Mixer/Agitator <input type="checkbox"/> Welding Fumes <input type="checkbox"/> Steam <input type="checkbox"/> Engulfment/Water <input type="checkbox"/> Product Infeed <input type="checkbox"/> Slippery Conditions <input type="checkbox"/> Fall Hazards <input type="checkbox"/> Other: List below <input type="checkbox"/> Other Mechanical <input type="checkbox"/> High Temperature <input type="checkbox"/> Chemical	
Identify the Required Personal Protective Equipment:	<input type="checkbox"/> Safety Glasses <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Faceshield <input type="checkbox"/> Other: List below <input type="checkbox"/> Goggles <input type="checkbox"/> Rubber Boots <input type="checkbox"/> Gloves: Type <input type="checkbox"/> Head Protection <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Respiratory: Type	
Special Instructions: Include all other PPE Needs		
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	YES	N/A
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	YES	N/A
Lockout Required?		Fall Protection Lifeline
Area Barricaded (Taped off, Signs)		Line/Vessel Flushed or Inerted
Ventilation/Air Movers Required?		Continuous Air Monitoring Required?
Lighting/Equipment/Tools (Low Voltage/GFCI)		Respirator Protection Required?
Tripod/Hoist Escape Unit		Communication Devices Required?
Harness/Wristlets/Retrieval Line		Respirator Protection Required?
		Infeed Lines blanked/disconnected.

**SECTION II– Required Air Monitoring**

NOTE: Initial test(s) must be conducted prior to beginning work to verify space conditions. Testing must be done continuously while work is in progress.

FREQUENCY:		<input type="checkbox"/> Continuous (During entry testing results must be documented at least once every 60 minutes.)										
TIMES MONITORED/ INITIALS OF TESTER		/ / / / / / / / / / / /										
CONTAMINANT	ENTRY LIMITS	PRE-ENTRY TESTS	TESTS DURING ENTRY									
OXYGEN (O <sub>2</sub> )	19.5% - 23.5%											
L.E.L (Combustibles)	Below 10%											
Hydrogen Sulfide (H <sub>2</sub> S)	10.0 PPM OR LESS											
Carbon Monoxide (CO)	35 PPM OR LESS											
OTHER:												

INSTRUMENT(S) USED	TYPE/ID #	CALIBRATION DATE	FIELD TESTED	PERSON TESTING
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

Is space eligible for reclassification to non-permit  YES  NO

**SECTION III– Work Approval (Maximum-One Working Shift) Print and Initial**

ENTRY SUPERVISOR ( Maintenance Team Leader or Contractor Foreman)	
	Entry Supervisor (Print and Initial)
Department Supervisor	
	Department Supervisor (Print and Initial)

**SECTION IV– PERMIT CLOSURE Follow-up/New Safe Work Permit Issued**

Has assigned work been completed?	<input type="checkbox"/> YES	Job completed and site cleaned; all blanks, tags and locks removed; barricades removed; and equipment checked for leaks, guards replaced, etc.
	<input type="checkbox"/> NO	New Safe Work Permit will be required to complete assigned work.
Note any problems encountered during entry:		
ENTRY SUPERVISOR:		
	SIGNATURE	DATE/TIME