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:

INDIVIDUALS ENTERING CONFINED SPACE
(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:

☐ Mixer/Agitator  ☐ Welding Fumes  ☐ Steam  ☐ Engulfment/Water
☐ Product Infeed  ☐ Slipping Conditions  ☐ Fall Hazards  ☐ Other: List below
☐ Other Mechanical  ☐ High Temperature  ☐ Chemical

Identify the Required Personal Protective Equipment:

☐ Safety Glasses  ☐ Protective Clothing  ☐ Faceshield  ☐ Other: List below
☐ Goggles  ☐ Rubber Boots  ☐ Gloves: Type
☐ Head Protection  ☐ Hearing Protection  ☐ Respiratory: Type

Special Instructions: Include all other PPE Needs

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Lockout Required?

☐ YES  ☐ NO

Area Barricaded (Taped off, Signs)

☐ YES  ☐ NO

Line/Vessel Flushed or Inerted

☐ YES  ☐ NO

Ventilation/Air Movers Required?

☐ YES  ☐ NO

Communication Devices Required?

☐ YES  ☐ NO

Harness/Wristlets/Retrieval Line

☐ YES  ☐ NO

Respirator Protection Required?

☐ YES  ☐ NO

Respirator Protection Required?

☐ YES  ☐ NO

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:

☐ 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

(O2)

19.5% - 23.5%

Below 10%

L.E.L

(Combustibles)

Hydrogen Sulfide

(H2S)

10.0 PPM OR LESS

Carbon Monoxide

(CO)

35 PPM OR LESS

OTHER:

INSTRUMENT(S) USED

TYPE/ID #

CALIBRATION DATE

FIELD TESTED

PERSON TESTING

☐ YES  ☐ NO

☐ YES  ☐ 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)

Department Supervisor

Entry Supervisor (Print and Initial)

Department Supervisor (Print and Initial)

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

Has assigned work been completed?

☐ YES  ☐ NO

Job completed and site cleaned; all blanks, tags and locks removed; barricades removed; and equipment checked for leaks, guards replaced, etc.

☐ NO

New Safe Work Permit will be required to complete assigned work.

Note any problems encountered during entry:

ENTRY SUPERVISOR:

SIGNATURE

DATE/TIME