

PARKS CANADA CONFINED SPACE ENTRY PERMIT

Date:					
Site location or description:					
Work Permitted: _____ _____					
Supervisor(s) in charge of crews:		Type of crew (welding, plumbing, etc)		Phone #:	
Designated Competent Attendant					
Communication procedures (including equipment): _____ _____					
Work Not Permitted _____ _____					
REQUIREMENTS COMPLETED (Put N/A if item doesn't apply)	DATE	TIME	REQUIREMENTS COMPLETED (Put N/A if item doesn't apply)	DATE	TIME
Lockout/De-energize/Try-out			Supplied Air Respirator (N/A if alternate entry)		
Line(s) Broken-Capped-Blank			Respirator(s) (Air Purifying)		
Purge-Flush and Vent			Protective Clothing		
Ventilation Monitored			Full Body Harness w/ "D" ring		
Secure Area (Post and Flag)			Emergency Escape Retrieval Equip		
Lighting (Explosive Proof)			Lifelines		
Ventilation failure escape test			Standby safety personnel (N/A if alternate entry)		
Fire Extinguishers			Resuscitator—Inhalator (N/A if alternate entry)		
Add other specific information, if needed, or attach additional instructions or requirements. See the following examples in bold print.					
Line(s) to be bled/blanked:					
Ventilation equipment monitor:					
PPE clothing:					
Respirator(s):					
Fire extinguisher(s):					
Emergency retrieval equipment:					

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(continued)**

AIR MONITORING							
Substance Monitored		Permissible Levels		Monitoring Results			
Time monitored (time)		Record the time					
Percent Oxygen		18% to 23%					
LEL / LFL		Under 10%					
Toxic 1:		TWA	STEL				
Toxic 2:		TWA	STEL				
Toxic 3:		TWA	STEL				
Toxic 4:		TWA	STEL				
REMARKS:							

Air Tester Name	ID#	Instrument(s) Used <small>(For example: oxygen meter, combustible gas indicator, etc.)</small>	Model # or Type	Serial# or Unit			
ATTENDANTS AND ENTRANTS							
Attendant(s) <small>(Required for all confined space work except alternate entry)</small>		ID#	Confined Space Entrant(s)		ID#		
REMARKS:							

AUTHORIZATION - ALL CONDITIONS SATISFIED							
Designated competent person: _____ Expiry _____							
EMERGENCY CONTACT PHONE NUMBERS:							
AMBULANCE:	FIRE:	SAFETY:	RESCUE TEAM:	OTHER:			
_____	_____	_____	_____	_____			