



Clarksville-Montgomery County School System
CONFINED SPACE ENTRY PERMIT

Issue Date / Issue Time	Expiration Date /Time	Space Location / Identification
Attendant(s)		Entrant / Attendant Communications Procedures
		Rescue Procedures
		[] Non-Entry Rescue []
		Notify: _____
Purpose of Entry		

AUTHORIZED ENTRANTS (Use back of form for additional entrants)

Entrant	Entry Time	Departure Time	Entry Time	Departure Time	Entry Time	Departure Time

ATMOSPHERIC HAZARDS

Test(s) To Be Taken	Required	Permissible Entry Level	Reading	Time	Initials
Percent Of Oxygen	Yes () No ()	19.5% To 23.5%			
Flammable Gases	Yes () No ()	Under 10% LEL			
Carbon Monoxide	Yes () No ()	Under 35 PPM			
Hydrogen Sulfide	Yes () No ()	Under 10 PPM			
Other	Yes () No ()				

Chemical	Reading	Time	Initials	Reading	Time	Initials	Reading	Time	Initials
Oxygen									
Flammable Gases									
Carbon Monoxide									
Hydrogen Sulfide									
Other									

OTHER HAZARDS (Use back of form to document additional hazards/controls)

Hazard	Measures to eliminate or control hazard prior to entry	Initials



EQUIPMENT CHECKLIST

Required Equipment:	Yes	No	N/A		Yes	No	N/A
Direct reading gas monitor				Fire Extinguishers			
Safety harnesses and lifelines				SCBA / SABA			
Hoisting Equipment				Communication equipment			
Personal Protective Equipment				Other			

PERMIT ENTRY AUTHORIZATION

All required items have been completed to ensure a safe entry.	
Permit Authorized By: (please PRINT)_____	
Signature: _____ Date: _____	
Permit Terminated By: (please PRINT)_____	
Signature: _____ Date: _____	

* The duration of the permit may not exceed the time required to complete the assigned task or job identified on the permit. In no event shall a permit exceed the duration of a work shift.*