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 Legal References: 29 CFR 1910.146

CONFINED SPACE ENTRY PERMIT

DEPARTMENT:		1. SUPERVISOR NAME:		TELEPHONE#:				
2. SPECIFIC LOCATION OF SPACE:		3A. DESCRIPTION OF SPACE:		3B. VOLUME OF SPACE Height: Width: Depth: Total Volume:				
4. PURPOSE OF ENTRY:			5. ENTRY DATE:		TIME:			
			6. EXPIRATION DATE:		TIME:			
7. NAME OF ENTRY SUPERVISOR IN CHARGE OF WORK:				TELEPHONE#:				
8. SPECIAL REQUIREMENTS TO BE COMPLETED PRIOR TO ENTRY (mark each required item and attach written procedure or document to permit for entry team to review when hazard is present):								
YES	NO	ITEM	HAZARD	TIME COMPLETED	YES	NO	ITEM	HAZARD
		A. Lockout/de-energize					H. Harness	
		B. Space purged					I. Fire Extinguisher	
		C. Ventilation					J. Lighting	
		D. Lines capped/blanked					K. Protective Clothing	
		E. Area secured					L. Respirator	
		F. Tripod					M. Breathing apparatus	
		G. Lifeline					N. Other	
9. Will hot work be performed during entry? If yes, attach hot work permit to this form.						YES	NO	
10. Mark the method of communication during entry (must have two methods, radios must be intrinsically safe):								
A. Visual:			C. Tug Rope:					
B. Voice:			D. Radio:					
11. Rescue and Emergency Services: Boise Fire Department, 9-1-1								
CONFINED SPACE TEST DATA (Instructions: List specific tests made. Entry is prohibited if reading outside standard permissible entry level. Attach applicable SDSs to permit when necessary.)								
12A. SUBSTANCES TESTED	12B. RESULTS		12C. RESULTS		12D. RESULTS			
	TIME	READING	TIME	READING	TIME	READING		
OXYGEN (19.5 – 23.5%)								
% LEL (10%)								
CO (35 ppm)								
H2S (10 ppm)								
Toxic 1:								
Toxic 2:								
Toxic 3:								
Toxic 4:								
13A. NAME OF INSTRUMENTS(S):		13B. IDENTIFICATION#:		13C. LAST CALIBRATED (date):		13D. LAST BUMP CHECKED (date):		

SPECIAL REQUIREMENTS:

ADDITIONAL COMMENTS/REMARKS:

AUTHORIZATION FOR ENTRY:

I CERTIFY THAT I HAVE READ AND UNDERSTAND ALL OF THE REQUIREMENTS OF THE CONFINED SPACE ENTRY PROGRAM IMPLEMENTED BY MY DEPARTMENT. FURTHERMORE, I WILL COMPLY WITH ALL OF THESE CRITERIA.

ENTRANT NAME	SIGNATURE	DATE	ATTENDANT NAME	SIGNATURE	DATE

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS CORRECT AND THE SPACE ENTRANT AND ATTENDANT ARE FULLY COMPETENT TO PERFORM WORK DESCRIBED IN THE ABOVE CONFINED SPACE.

ENTRY SUPERVISOR NAME:	SIGNATURE:	DATE:
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PERMIT CANCELED BY (NAME):	DATE:	TIME:
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