

Transmission & Distribution Confined Space Entry Permit

CS Permit #: _____

Conf Space Name:	Conf Space ID Number:
Location:	

Step 1 – Hazardous Energy Isolation

☐Electrical ☐Mechanical ☐Pneumatic ☐Hydraulic ☐Chemical ☐Thermal ☐Gravity ☐Radiation ☐None

PSO/DSO Permit #:

☐N/A

AMP V-04 Permit: ☐No ☐Yes

Step 2 – Visual Inspection

Are there hazards or obstructions in the space that need to be controlled before testing and/or entry? If yes, describe the hazard(s) and actions that were taken to eliminate or control it. ☐No ☐Yes

Step 3 – Pre-Entry Testing

Atmosphere Testing

- ☐Competent Tester has Confined Space Hazard Assessment
- ☐Ventilation turned off 30 min prior to testing
- ☐Confined space entry required to complete atmospheric testing

Requirements before entry testing:

- ☐Test from outside the space showed <10% LEL ☐Tester SCBA trained ☐Class E Harness
- ☐ER Team with SCBA at space and able to reach entrant(s) within 3 minutes

Asset Owner Authorization for Competent Tester Entry to Perform Internal Testing:

print

Sign

Date/Time

Test Results

☐Pre-Entry Test form surrendered to Asset Owner and attached to Permit

Test results indicate: ☐Low Risk, Safe for Entry ☐Moderate Risk, Controls Required ☐IDLH, No Entry

Improving As-Found Conditions and Re-Testing

Can action be taken to reduce the hazards measured in the space? ☐No-Go to Step 4 ☐Yes-Complete Step 3C

☐Ventilated ☐Cleaned ☐Modified Isolations (new CS Permit) ☐Other: _____

☐New Pre-Entry Test form surrendered to Asset Owner and attached to Permit

Re-test results indicate: ☐Low Risk, Safe for Entry ☐Moderate Risk, Controls Required ☐IDLH. No Entry

Step 4 – Confined Space Entry Authorization

Entry for ☐Low Risk ☐Moderate Risk ☐IDLH Conditions are permitted under the following controls:

☐None ☐Engineering Controls ☐Administrative Controls ☐PPE ☐Other: _____

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Step 5 – Authorizations

Asset Owner: I certify that the hazards have been eliminated, guarded, or controlled to the best of my knowledge and ability. Entry is permitted under the conditions listed above:

_____ print

_____ Sign

_____ Date/Time

Confined Space Permit Holder: I understand and accept that the confined space has been prepared to be safe and I now assume care, custody and control of the space under the conditions listed above:

_____ print

_____ Sign

_____ Date/Time

Transfer of Permit:

Approved by _____ (name AO or CSPH), via _____ (signature of approver if in person, or receiver to indicate phone, email approval), and accepted by

_____ print

_____ Sign

_____ Date/Time

Step 6 – Surrender of Permit

Confined Space Permit Holder: I confirm that the work is complete, all personnel have exited the space, it has been closed or returned to service as intended.

_____ print

_____ Sign

_____ Date/Time

Asset Owner: I accept that the confined space work is complete, and the space is ready to return to service.

_____ print

_____ Sign

_____ Date/Time