CITY OF LINCOLN
CONFINED SPACE ENTRY PERMIT

➜ PERMIT MUST BE POSTED AT THE JOB SITE UNTIL PROJECT IS COMPLETED ←

1. Description and Location of Confined Space: _____

2. Purpose of Entry: _____

3. Duration of Permit Date: _____ Time: _____ **TO**: Date: _____ Time: _____

4. **AUTHORIZED ENTRANT(S):** _____

5. **AUTHORIZED ATTENDANT(S):** _____

6. Potential Hazards in the Permit Required Space**:** (circle all that apply) Low Oxygen Flammable gas Toxic gas

Electrical Engulfment Mechanical Entrapment Other: _____

7. MEASURES FOR ISOLATING & EQUIPMENT	YES	NO	MEASURES FOR ISOLATING & EQUIPMENT	YES	NO
External Barricades (Vehicle, Pedestrian)			Self-Contained Breathing Apparatus (SCBA)		
Confined Space Identification Signs			Air-Purifying Respirators and Cartridges		
Mechanical Ventilation			Emergency Escape 5-Minute Air-Pack		
Full Body Harness With "D" Ring			Communication Equipment		
Tripod Emergency Escape Unit			Protective Clothing		
Lifelines			Head/Eye/Hearing Protection (circle type)		
Fire Extinguisher			Hot Work Permit Required		
Lighting (Explosion Proof)			Gloves		

8. TESTS - ACCEPTABLE ENTRY CONDITIONS	ACCEPTABLE YES	ACCEPTABLE NO	RESULTS	INITIALS	DATE/TIME
% of Oxygen between 19.5 and 23.5 Carbon Monoxide below 50 PPM Hydrogen Sulfide below 10 PPM Combustible gas below 10% LEL Ozone below 0.1 (if applicable)					

9. Type of Meter/Instrument: ID Number: Last Calibration Date:

10. SPECIAL REQUIREMENTS	RESULTS	INITIALS	DATE/TIME
Lockout/Tagout/De-Energize Lines Capped or Blanked Purge: Flush and Vent or Wash Down Ventilation Other Requirements			

11. Reclassified to a non-permit confined space: (circle) YES NO

12. Communication used: (circle) Voice Radio Specify Other: _____

Call 911 for emergency rescue by Lincoln Fire Department or other designated rescue agency
DO NOT ENTER SPACE TO RESCUE

13. _____ Phone: ____/____/____
SIGNATURE OF SUPERVISOR AUTHORIZING ENTRY

14. Work Completed Date: _____ Time: _____

_____
SIGNATURE OF ENTRY SUPERVISOR

15. Completed permits must be filed for 1 year in your department or with Risk Management. *4/1996 Risk Management/confined*