



NORTH DAKOTA GRAIN DEALERS ASSOCIATION
SAFETY & HEALTH PROGRAM

**CONFINED SPACE ENTRY
PERMIT AND CHECKLIST**

DATE & TIME ISSUED: _____ DATE & TIME EXPIRES: _____

JOB SITE/SPACE I.D.: _____ JOB SUPERVISOR: _____

EQUIPMENT TO BE WORKED ON: _____

WORK TO BE PERFORMED: _____

STAND-BY PERSONNEL: _____

1. **Atmospheric Checks:** Time _____ Explosive _____ % L.F.L.
Oxygen _____ % Toxic _____ PPM

2. **Tester's Name and Signature:** _____

3. Ventilation	N/A	Yes	No
Mechanical	()	()	()
Natural Ventilation only	()	()	()

4. **Atmospheric Check After Ventilation:**
Oxygen _____ % > 19.5%
Explosive _____ % L.F.L. > 10%
Toxic _____ PPM < 10 PPM H₂S
Time _____
Tester's Signature _____

5. **Lockout and/or Tagout of All Respective Equipment:** _____

6. **Communication Procedures:** _____

7. **Rescue Procedures:** _____

Permit continued on other side

8. Entry, Standby and Back Up Persons:	Yes	No
Successfully completed required training?	()	()
Is it current?	()	()

9. Equipment	N/A	Yes	No
Direct Reading Gas Monitor - tested	()	()	()
Safety Harness and Lifelines for Entry and Standby Persons	()	()	()
Hoisting Equipment	()	()	()
Powers Communications	()	()	()
SCBA's for Entry and Standby Persons	()	()	()
Protective Clothing	()	()	()
All Electric Equipment Listed Class I, Division 1, Group D & Non-sparking tools	()	()	()

10. Periodic Atmosphere Tests

Oxygen	_____ %	Time	_____	Oxygen	_____ %	Time	_____
Oxygen	_____ %	Time	_____	Oxygen	_____ %	Time	_____
Explosive	_____ %	Time	_____	Explosive	_____ %	Time	_____
Explosive	_____ %	Time	_____	Explosive	_____ %	Time	_____
Toxic	_____ %	Time	_____	Toxic	_____ %	Time	_____
Toxic	_____ %	Time	_____	Toxic	_____ %	Time	_____

We have reviewed the work authorized by this permit and the information contained herein. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked in the "No" column. This permit is not valid unless all appropriate items are completed.

NAME

TITLE

Permit prepared by: _____

Approved by: _____

Reviewed by: _____

Information taken for 29 CFR 1910.146 Appendix D-1

(NDGDA Safety & Health clients can make copies of this form for their own use.)