

CONFINED SPACE ENTRY PERMIT (CONSTRUCTION)

OSHA 29 CFR 1926 Subpart AA – Permit-Required Confined Spaces

1. Project & Permit Information

Project Name		Jobsite Address	
Employer / Entry Contractor		Controlling Contractor / GC	
Permit No.		Date	
Permit Start Time		Permit Expiration Time	
Space Location / ID		Work Scope / Task Description	

2. Confined Space Classification & Hazards

Is this a Permit-Required Confined Space (PRCS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Reclassified (attach documentation)
Potential Atmospheric Hazards	<input type="checkbox"/> Oxygen deficiency/enrichment <input type="checkbox"/> Flammable gas/vapor <input type="checkbox"/> Toxic gas/vapor <input type="checkbox"/> Dust <input type="checkbox"/> Other: _____
Engulfment Hazard	<input type="checkbox"/> Yes <input type="checkbox"/> No Description: _____
Internal Configuration Hazard (entrapment/asphyxiation)	<input type="checkbox"/> Yes <input type="checkbox"/> No Description: _____
Other Serious Safety/Health Hazards	<input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Heat/Cold <input type="checkbox"/> Noise <input type="checkbox"/> Fall <input type="checkbox"/> Biological <input type="checkbox"/> Other: _____
Energy Sources Present (LOTO required)	<input type="checkbox"/> Electrical <input type="checkbox"/> Hydraulic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Mechanical <input type="checkbox"/> Chemical <input type="checkbox"/> Gravity <input type="checkbox"/> Other: _____

3. Isolation, Controls & Safe Entry Conditions

LOTO Completed / Verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No LOTO Procedure No./Ref: _____ Verified by: _____
Ventilation Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: <input type="checkbox"/> Forced air <input type="checkbox"/> Exhaust <input type="checkbox"/> Other: _____
Purge/Flush Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blanks/Blinds/Disconnects Installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No N/A
Barricades / Signage Installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Communication Method	<input type="checkbox"/> Voice <input type="checkbox"/> Radio <input type="checkbox"/> Hand signals <input type="checkbox"/> Other: _____

Lighting (if needed)	<input type="checkbox"/> Intrinsically safe <input type="checkbox"/> GFCI protected <input type="checkbox"/> Other: _____
Entry Method	<input type="checkbox"/> Ladder <input type="checkbox"/> Manlift <input type="checkbox"/> Other: _____

4. Atmospheric Testing (Required before and during entry)

Acceptable entry conditions (typical): Oxygen 19.5%–23.5% | LEL < 10% | Toxic gases below PEL/IDLH limits per SDS/monitoring plan.

Time	O2 %	LEL %	CO (ppm)	H2S (ppm)	Tester Initials

5. Entry Team & Roles (Authorized Entrants / Attendant / Entry Supervisor)

Role	Name (Print)	Company	Signature / Initials
Entry Supervisor			
Attendant			
Authorized Entrant #1			
Authorized Entrant #2			
Authorized Entrant #3			

6. Rescue & Emergency Response Plan

Rescue Service Provider	<input type="checkbox"/> On-site team <input type="checkbox"/> Off-site service Name: _____
Rescue Contact Phone	_____
Rescue Method	<input type="checkbox"/> Non-entry rescue <input type="checkbox"/> Entry rescue <input type="checkbox"/> Other: _____
Retrieval System Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Tripod <input type="checkbox"/> Davit <input type="checkbox"/> Winch <input type="checkbox"/> SRL <input type="checkbox"/> Other: _____
Rescue Equipment Inspected?	<input type="checkbox"/> Yes <input type="checkbox"/> No Inspected by: _____ Date/Time: _____
Emergency Services (911) Notified of Site Location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nearest Hospital / ER	_____

7. Required PPE & Equipment (Check all that apply)

PPE	<input type="checkbox"/> Hard hat <input type="checkbox"/> Safety glasses <input type="checkbox"/> Gloves <input type="checkbox"/> Hi-vis <input type="checkbox"/> Steel toe <input type="checkbox"/> Hearing <input type="checkbox"/> FR <input type="checkbox"/> Other: _____
Respiratory Protection	<input type="checkbox"/> None <input type="checkbox"/> Half-mask <input type="checkbox"/> Full-face <input type="checkbox"/> SCBA <input type="checkbox"/> Supplied air <input type="checkbox"/> Other: _____
Fall Protection / Retrieval Harness	<input type="checkbox"/> Full body harness <input type="checkbox"/> SRL <input type="checkbox"/> Lifeline <input type="checkbox"/> Other: _____
Gas Monitor Type / Model	_____ Calibration date: _____
Tools / Equipment	<input type="checkbox"/> Non-sparking <input type="checkbox"/> Intrinsically safe <input type="checkbox"/> GFCI <input type="checkbox"/> Other: _____
Fire Extinguisher Present (if hot work)	<input type="checkbox"/> Yes <input type="checkbox"/> No N/A
Hot Work Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No Permit No.: _____
Additional Controls / Notes	_____

8. Authorization, Coordination & Cancellation

Pre-Entry Briefing Completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Employers Affected / Coordinated?	<input type="checkbox"/> Yes <input type="checkbox"/> No Notes: _____
Permit Issued By (Entry Supervisor)	Name: _____ Signature: _____ Time: _____
Permit Approved By (Controlling Contractor/GC)	Name: _____ Signature: _____ Time: _____
Permit Cancelled / Entry Terminated By	Name: _____ Signature: _____ Time: _____
Reason for Cancellation / Notes	_____

IMPORTANT: This permit must be posted at the entry location for the duration of the entry and retained per project requirements.

Template supports OSHA 29 CFR 1926 Subpart AA compliance. Employers must ensure training, procedures, and rescue capability are in place before entry.