ASMG Health & Safety
Confined Space Entry Permit
Revised: April 2025

***Obtain an entry number from Safety Manager 48 hours prior to entry**

Confined Space Information

Nature & Location of Space:		**Entry #:**	**Purpose of Entry:**	
Entry Date:	**Entry Time:**	**Entry Duration:**	**Entry Completion:**	**Entry Supervisor:**
Attendants:		**Entrants:**		

Rescue Information

***Attach appropriate emergency information to this permit**

Type of Rescue to be Followed (check one): ☐ Nonentry rescue ☐ Entry rescue by company employees ☐ Entry rescue by non-employees		**Person to Initiate Rescue Procedures:**	
Rescue Team Member:	**Rescue Team Member:**	**Rescue Team Member:**	**Rescue Team Member:**

Hazard Information

Hazards Identified	Yes	No	Hazard Controls Required	Yes	No	Check When Provided	Equipment Required	Yes	No	Check When Provided
Oxygen	☐	☐	Isolate the space	☐	☐	☐	Air-monitoring	☐	☐	☐
Toxic	☐	☐	Preform LOTO Procedures	☐	☐	☐	Ventilation	☐	☐	☐
Flammable/Explosive	☐	☐	Empty, clean/purge space	☐	☐	☐	PPE	☐	☐	☐
Engulfment	☐	☐	Ventilate space	☐	☐	☐	Communication	☐	☐	☐
Configuration	☐	☐	Eliminate energy hazards	☐	☐	☐	Rescue	☐	☐	☐
Energy	☐	☐	Eliminate chemical hazards	☐	☐	☐	Other Equipment	☐	☐	☐
Slip & Fall	☐	☐	Other Controls	☐	☐	☐	**Specific Equipment Required:**			
Other (Specify) ↓	☐	☐	**Specific Hazard Controls Identified:**							

Air Monitoring Results

Element Tested	Acceptable Level	Levels Measured						
		Primary	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6
Oxygen	Min: 19.5% Max: 23.5%							
Flammability	10% LEL							
H2S	10 PPM							
CO	25 PPM							
Other (Specify) ↓								
For each time, check AM or PM:		☐AM☐PM	☐AM☐PM	☐AM☐PM	☐AM☐PM	☐AM☐PM	☐AM☐PM	☐AM☐PM

Air Monitoring Equipment Used

Additional Instruction

Are additional instructions required for this entry? ☐Yes ☐No **If yes, specify below:**

Additional Permits

Are additional permits required for this entry? ☐Yes ☐No **If yes, specify below and attach to this entry permit:**

Signatures

_____	_____	_____	_____
Entry Supervisor's Name (Authorizing Entry)	***Entry Supervisor's Signature***	***Entry Supervisor's Cell Phone #***	***Date***

***Return form to Safety Manager after entry is completed**