

Nevada Division of State Parks
CONFINED SPACE ENTRY PERMIT

PARK: _____ ENTRY DATE/TIME: _____

Location of Space or Vessel: _____

Purpose for Entering Space or Vessel: _____

Entry Supervisor: _____

Authorized Entrants: _____

Standby Person(s): _____

HAZARDS: (Detailed in Space's Written Program)

- ___ Oxygen Deficiency (less than 19.5%)
- ___ Flammable/explosive gases or vapors (greater than 01% of LFL/LE)
- ___ Airborne Combustible Dust (meets or exceeds LFL/LE)
- ___ Mechanical or Electrical Hazards
- ___ Other: _____

PROCEDURES COMPLETED:

- | | |
|------------------------------------|---------------------------------|
| ___ Procedures Review | ___ Personal Protective Equip.* |
| ___ Atmospheric Testing/Monitoring | ___ Air-Purifying Respirator* |
| ___ Emergency Retrieval Equip. | ___ Air-Supplying Respirator* |
| ___ Isolation/Lockout/Tagout* | ___ Special Tools/Equip.* |
| ___ Ventilation* | ___ Fire Extinguisher |
| ___ Standby Person(s) | ___ Other Precautions* |

*List Procedures as necessary

ISOLATION/LOCKOUT/TAGOUT PROCEDURES: _____

PERSONAL PROTECTIVE/SPECIAL EQUIPMENT: _____

TEST/MONITORING: Test to be taken/Results (record by time, if appropriate by area/level in space)

TEST/TIME: _____

OXYGEN %O₂: _____

FLAMMABLE: _____

TOXIC: _____

OTHER: _____

Performed by: _____

COMMUNICATION PROCEDURES: _____

EMERGENCY PROCEDURES: _____

PERMIT AUTHORIZATION: Facility Supervisor: _____
Park Supervisor: _____
Entry Supervisor: _____

I certify that all required precautions have been in accordance with all confined space requirements of OSHA, State of Nevada, the Division of State Parks, and the confined space program.

Entry Supervisor: _____ Date: _____