

Hydrogen Sulphide (H2S)	< 1 ppm TWA								
Other: _____	Limit: _____								
Other: _____	Limit: _____								

Continuous Monitoring Required? Yes No

Monitoring Frequency (if continuous not used)

SECTION 4 — HAZARD IDENTIFICATION

<input type="checkbox"/> Oxygen-deficient atmosphere	<input type="checkbox"/> Oxygen-enriched atmosphere	<input type="checkbox"/> Flammable/explosive atmosphere
<input type="checkbox"/> Toxic gas or vapour	<input type="checkbox"/> Engulfment/entrapment hazard	<input type="checkbox"/> Mechanical hazard (moving parts)
<input type="checkbox"/> Electrical hazard	<input type="checkbox"/> Thermal hazard (hot/cold)	<input type="checkbox"/> Biological hazard
<input type="checkbox"/> Limited access/egress	<input type="checkbox"/> Poor lighting	<input type="checkbox"/> Falling objects
<input type="checkbox"/> Slippery/wet surfaces	<input type="checkbox"/> Radiation	<input type="checkbox"/> Other (describe below)

Other Hazards / Additional Notes:

SECTION 5 — CONTROL MEASURES

Control Measure	Required?	Verified By	Verified
Energy isolation / lockout-tagout completed	Yes N/A		<input type="checkbox"/>
Ventilation (forced air) in operation	Yes N/A		<input type="checkbox"/>
All pipelines blanked / isolated / blinded	Yes N/A		<input type="checkbox"/>
Mechanical equipment de-energized and blocked	Yes N/A		<input type="checkbox"/>
Electrical hazards isolated and tagged	Yes N/A		<input type="checkbox"/>
Adequate lighting provided inside space	Yes N/A		<input type="checkbox"/>
Non-sparking tools / intrinsically safe equipment required	Yes N/A		<input type="checkbox"/>
Communication system established (radio/phone/visual)	Yes N/A		<input type="checkbox"/>
Warning signage posted at all entry points	Yes N/A		<input type="checkbox"/>
Other: _____	Yes N/A		<input type="checkbox"/>

SECTION 6 — PERSONAL PROTECTIVE EQUIPMENT REQUIRED

<input type="checkbox"/> Respirator (type: _____)	<input type="checkbox"/> SCBA / supplied air	<input type="checkbox"/> Chemical-resistant gloves
<input type="checkbox"/> Chemical-resistant suit	<input type="checkbox"/> Safety harness and lifeline	<input type="checkbox"/> Hard hat
<input type="checkbox"/> Safety glasses / face shield	<input type="checkbox"/> Steel-toed boots	<input type="checkbox"/> High-visibility vest
<input type="checkbox"/> Hearing protection	<input type="checkbox"/> Intrinsically safe lighting	<input type="checkbox"/> Retrieval/rescue equipment
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

SECTION 7 — RESCUE PLAN SUMMARY

Rescue Method: Non-entry retrieval Entry rescue Emergency services

Rescue Team / Service (Name and Contact)

Retrieval Equipment On-Site (describe)

Location of Nearest First Aid Station

Emergency Services Called and ETA Estimated? Yes N/A

Emergency Meeting Point / Assembly Area

SECTION 8 — SUPERVISOR AUTHORIZATION AND SIGN-OFF

By signing below, the permit-issuing supervisor confirms that all required pre-entry conditions have been met, all control measures are in place, all entrants have been briefed, atmospheric testing results are acceptable, and a rescue plan is established. Entry is authorized only for the named entrants, at the location described, for the work described above.

Permit-Issuing Supervisor Signature:

Date:

Time:

Printed Name:

Position / Title:

Contact:

SECTION 9 — PERMIT CANCELLATION / CLOSE-OUT

Permit Cancelled / Closed By (Name and Signature)

Date and Time of Cancellation / Close-Out

Reason for Cancellation (if not normal completion)

Work Completed? Yes No (reason above) Space Secured? Yes N/A