

**LITTLETON / ENGLEWOOD  
NON-PERMIT-REQUIRED CONFINED SPACE ENTRY PERMIT**

This record documents entry into a non-permit-required confined space that has been identified and surveyed by the Safety Coordinator. It establishes that there are no existing hazards associated with this confined space and that the planned work will not introduce any hazards. The confined space entry permit allows the person(s) making entry to enter the specified area. This permit is to be kept at the job site. All permits expire 12 hours after issue. The expired permit must be returned to the Safety Coordinator. Permits are to be retained on file for one year.

Date and time of entry \_\_\_\_\_ Location \_\_\_\_\_

Work Order # \_\_\_\_\_

Approval Issued by:

Safety Coordinator \_\_\_\_\_ AND/OR Supervisor \_\_\_\_\_

Purpose of Entry \_\_\_\_\_

Person(s) making entry \_\_\_\_\_

Stand By Attendant(s) \_\_\_\_\_

Hazard Assessment	Yes	No
Have the current safety and health hazards been evaluated?	<input type="checkbox"/>	<input type="checkbox"/>
Are conditions appropriate for a NPRCS entry?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note: A non-permit-required confined space entry requires that the answer to both questions is "Yes".</b>		

Evaluate if new hazards will be created by the planned work	Yes	No
Will any activities that could create a hazard be conducted inside the confined space, such as welding or breaking a line?	<input type="checkbox"/>	<input type="checkbox"/>
Will any chemicals that could create a hazard be brought into the space? Examples include solvents and adhesives. If yes, specify:	<input type="checkbox"/>	<input type="checkbox"/>
Are there any conditions in or around this space that could adversely affect anyone who enters it?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note: A non-permit-required confined space entry requires that conditions must be such that the answer to all three questions is "No".</b>		

**EMERGENCY PROCEDURE:** Summon help. DO NOT ENTER the space until help arrives and entry can be made safely. Assume that toxic gases or oxygen deficiency exist.

**Atmospheric Test Results**  
**Continuous monitoring, record results on the half hour**

Alarm Value Date/Time	Oxygen % < 19.5 > 23.5	Flam % L.F.L. > 10	Carbon Monoxide > 35 ppm	H <sub>2</sub> S > 10 ppm	Other	Initials

Signatures are required of all entrants and attendants. Signatures indicate entrant and attendant duties and emergency procedures are understood.

PERSON(S) MAKING ENTRY \_\_\_\_\_

STANDBY ATTENDANT \_\_\_\_\_

Entry Supervisor permit cancellation (date, time, initials) \_\_\_\_\_