

Confined Space Entry Permit

Date & Time Issued: _____
Job site/Space I.D.: _____
Equipment to be worked on: _____

Date and Time Expires: _____
Job Supervisor _____
Work to be performed: _____

Stand-by personnel _____

1. Atmospheric Checks: Time _____
 Oxygen _____ %
 Explosive _____ % L.F.L.
 Toxic _____ PPM

2. Tester's signature _____

3. Source isolation (No Entry): N/A Yes No
 Pumps or lines blinded, () () ()
 disconnected, or blocked () () ()
 Ventilation Modification: N/A Yes No
 Mechanical () () ()
 Natural Ventilation only () () ()
 Atmospheric check after isolation and ventilation: _____
 Oxygen _____ %
 Explosive _____ % L.F.L.
 Toxic _____ PPM
 H₂S _____ PPM

4. Ventilation check after isolation and ventilation: _____
 Oxygen _____ %
 Explosive _____ %
 Toxic _____ %
 Time _____

5. Testers signature _____

6. Communication procedures: _____

7. Rescue procedures: _____

8. Entry, standby, and back up persons: Yes No
 Successfully completed required training? () ()
 Is it current? () ()

9. Equipment: N/A Yes No
 Direct reading gas monitor - tested () () ()
 Safety harnesses and lifelines for entry and standby persons () () ()
 Hoisting equipment () () ()
 Powered communications () () ()
 SCBA's for entry and standby persons () () ()
 Protective Clothing () () ()
 All electric equipment listed Class I, Division I, Group D and Non-sparking tools () () ()

10. Periodic atmospheric tests:
 Oxygen _____ % Time _____ % Time _____
 Oxygen _____ % Time _____ % Time _____
 Explosive _____ % Time _____ % Time _____
 Explosive _____ % Time _____ % Time _____
 Toxic _____ % Time _____ % Time _____
 Toxic _____ % Time _____ % Time _____

We have reviewed the work authorized by this permit and the information contained here-in. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked in the "No" column. This permit is not valid unless all appropriate items are completed.
Permit Prepared By: (Supervisor) _____
Approved By: (Unit Supervisor) _____
Reviewed By (Cs Operations Personnel) : _____ (printed name)

This permit to be kept at job site. Return job site copy to Safety Office following job completion.
Copies: White Original (Safety Office) Yellow (Unit Supervisor) Hard(Job site)

(signature)

ENTRY PERMIT

PERMIT VALID FOR 8 HOURS ONLY. ALL PERMIT COPIES REMAIN AT SITE UNTIL JOB COMPLETED

DATE: - - SITE LOCATION/DESCRIPTION

PURPOSE OF ENTRY

SUPERVISOR(S) in charge of crews Type of Crew Phone #

COMMUNICATION PROCEDURES

RESCUE PROCEDURES (PHONE NUMBERS AT BOTTOM)

* BOLD DENOTES MINIMUM REQUIREMENTS TO BE COMPLETED AND REVIEWED PRIOR TO ENTRY*	REQUIREMENTS COMPLETED	DATE TIME	DATE TIME
Lock Out/De-energize/Try-out	Full Body Harness w/"D" ring		
Line(s) Broken-Capped-Blank	Emergency Escape Retrieval Eq		
Purge-Flush and Vent	Lifelines		
Ventilation	Fire Extinguishers		
Secure Area (Post and Flag)	Lighting (Explosive Proof)		
Breathing Apparatus	Protective Clothing		
Resuscitator - Inhalator	Respirator(s) (Air Purifying)		
Standby Safety Personnel	Burning and Welding Permit		

Note: Items that do not apply enter N/A in the blank.

** RECORD CONTINUOUS MONITORING RESULTS EVERY 2 HOURS **

CONTINUOUS MONITORING**

TEST(S) TO BE TAKEN	Permissible
PERCENT OF OXYGEN	Entry Level
LOWER FLAMMABLE LIMIT	19.5% to 23.5%
CARBON MONOXIDE	Under 10%
Aromatic Hydrocarbon	+35 PPM
Hydrogen Cyanide	+ 1 PPM * 5PPM
Hydrogen Sulfide	(Skin) * 4PPM
Sulfur Dioxide	+10 PPM *15PPM
Ammonia	+ 2 PPM * 5PPM
	*35PPM

* Short-term exposure limit:Employee can work in the area up to 15 minutes.

+ 8 hr. Time Weighted Avg.:Employee can work in area 8 hrs (longer with appropriate respiratory protection).

REMARKS:

GAS TESTER NAME & CHECK # INSTRUMENT(S) USED MODEL &/OR TYPE SERIAL &/OR UNIT #

SAFETY STANDBY PERSON(S) CHECK # CONFINED SPACE ENTRANT(S) CHECK # CONFINED SPACE ENTRANT(S) CHECK #

SUPERVISOR AUTHORIZATION - ALL CONDITIONS SATISFIED
 AMBULANCE 2800 FIRE 2900

Safety 4901 Gas Coordinator 4529/5387
 DEPARTMENT/PHONE