

Confined Space Entry Permit

DO NOT ENTER THE SPACE UNLESS DIRECTED TO BY YOUR SUPERVISOR AND AN ATTENDANT IS PRESENT

Location/Job: _____

Permit Confined Space Area:

Date: _____ Start Time: _____ Finish Time: _____

Entry Supervisor/Attendant (Record keeper): ______ Signature: ______

Authorized Entrants: _____, ____, ____, ____, ____,

Attendant (If not Entry Supervisor): _____

Equipment Checklist:

| Hand Tools: | | | | |
|------------------|-------|--------------------|--|--|
| Tool: | Used: | In Good Condition: | | |
| Hammer | | | | |
| Wrench | | | | |
| Ratchets/Sockets | | | | |
| Pry Bar | | | | |
| Flash Light | | | | |
| Flood Light | | | | |
| Ext. Cord(s) | | | | |
| Lifting Device | | | | |
| Other: | | | | |

| Hot Work Tools: | | | | |
|-------------------|-------|--------------------|--|--|
| Tool: | Used: | In Good Condition: | | |
| Welder | | | | |
| Welding Helmet | | | | |
| Torch | | | | |
| Face Shield | | | | |
| Grinder | | | | |
| Burn Coat | | | | |
| Fire Extinguisher | | | | |
| Fire Blanket | | | | |
| Other: | | | | |

Hazard Checklist:

| Hazards Associated with Entry | | | | |
|-------------------------------|-----|----|--------------------------------------|--|
| Туре: | Yes | No | Type: Yes No | |
| Electrical | | | Temperature | |
| Hot Work | | | Pinch/Crush Points | |
| Chemical Substances | | | Sharp Edges/Objects | |
| Repetitive Motion | | | Overhead Power Lines | |
| Slippery Surfaces | | | Equipment/Welders used by entry (CO) | |
| Airborne Hazards | | | Weather (cold/hot/storms) | |

| ATMOSPHI | ERIC TESTING | RECORDS | | | |
|-------------------------------------|---------------------------|------------------------|---------------------------|--------------------------|-------------------|
| 4 Gas Readings Safe Entry Levels | Oxygen (19.5% - 23.5%) | LEL (Less than 10%) | H2S (Less than 10 PPM) | CO (Less than 10 PPM) | Tester's Initials |
| Initial Readings* | | | | | |
| Re – Entry 1* | | | | | |
| Re – Entry 2* | | | | | |
| Re – Entry 3* | | | | | |

*Readings taken from outside space prior to entry and re-entry into space

Continuous Monitoring must be maintained by entrant for entire entry / If any deficiencies are found with atmospheric monitoring instrument the space will be abandoned, permit vacated and safety department called before re-entry into space without properly working instrumentation.

| Emergency Contact Person on site: | EMERGENCY PROCEDURES- CALL 911 |
|-----------------------------------|--|
| | Tell The Operator: |
| Safety Department: | 1. Company |
| | 2. Location |
| Site/Location Address: | 3. Phone Number from which you are calling |
| | 4. That it is a Confined Space Emergency |
| | 5. Known Hazards of space entered by team |

Entry Log:

| Name | <u>Time In</u> | <u>Time Out</u> |
|------|----------------|-----------------|
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