

# CONFINED SPACE ENTRY PERMIT

#### □ NON-PERMIT CONFINED SPACE

Permit valid for 12 hrs. or 1 work shift.

| Purpose of Entry:         Date of Entry:         Duration of Entry Permit (hours):         Authorized Entrants (list below by name):       Attendants (list below by name):         Authorized Entrants (list below by name):       Attendants (list below by name):         Authorized Entrants (list below by name):       Attendants (list below by name):         Entry Supervisor who authorized entry (Signature):       Check all the Measures you will use to isolate the space to be entered:         Back to be entered:       Back to be entered:         Check all Existing and Potential Hazards for The space to be entered:       Back to be entered:         Check all Existing and Potential Hazards for The space to be entered:       Back colspan="2">Banking, Blecking, Blecking         Entrant Entracades       Check all the Measures you will use to isolate the space to be entered:         Chemical Contact (skin, breathing exposure)       Blanking, Blecking         Electrical (moving machinery)       Blanking, Blecking         Electrical (moving machinery)       Dorder Air Venilation         Entry Conditions       Test top, middle and         Acceptable Initial Test Results       Test top, middle and       Confined Space Danger Signs <th <="" colspan="2" th=""><th colspan="8">Space to be entered. (description):</th></th>  | <th colspan="8">Space to be entered. (description):</th>   |                    | Space to be entered. (description): |  |             |                  |          |         |  |  |
|---|--|--------------------|-------------------------------------|--|-------------|------------------|----------|---------|--|--|
| Authorized Entrants (list below by name):       Attendants (list below by name):         Authorized Entrants (list below by name):       Attendants (list below by name):         Authorized Entrants (list below by name):       Attendants (list below by name):         Entry Supervisor who authorized entry (Signature):   | Purpose of Entry:  |                    |                                     |  |             |                  |          |         |  |  |
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| Check all Existing and Potential Hazards for<br>The space to be entered:       Check all the Measures you will use to isolate the<br>space and control or eliminate hazards before entry:   |  |                    |                                     |  |             |                  |          |         |  |  |
| Check all Existing and Potential Hazards for<br>The space to be entered:       Check all the Measures you will use to isolate the<br>space and control or eliminate hazards before entry:   |  |                    |                                     |  |             |                  |          |         |  |  |
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| The space to be entered:       space and control or eliminate hazards before entry:   | Entry Supervisor who authorized entry (Signature):   |                    |                                     |  |             |                  |          |         |  |  |
| Atmospheric (toxic, low oxygen, etc.)       □ Disassemble Linkages         □ Chemical Contact (skin, breathing exposure)       □ Blanking, Blocking, Bleeding         □ Electrical (exposed energized wires)       □ Disassemble Linkages         □ Mechanical (moving machinery)       □ Disassemble Linkages         □ Temperature (heat or cold)       □ Disassemble Linkages         □ Entrapment (light spaces, entanglement)       □ Disassemble Linkages         □ Other (list here):       □ Disassemble Linkages         ■ Entrapment (light spaces, entanglement)       □ Disassemble Linkages         □ Other (list here):       ■ Disassemble Linkages         ■ Entrapment (light spaces, entanglement)       □ Disassemble Linkages         □ Other (list here):       ■ Disassemble Linkages         ■ Acceptable Air Monitoring & Entry Conditions         Test top, middle and       Dock Out7ag Out         ■ Stage. Monitor air       Acceptable         Initial Test       Test         Test top, middle (ppm)       Less than 10%         Carbon Monoxide (ppm)       Less than 35 ppm         Hydrogen Sulfide (ppm)       Less than 35 ppm         Hydrogen Sulfide (ppm)       Less than 10 ppm         Other (list here)       Initials of Tester         ■       ■       ■         Gas Tester Name <td colspan="3"></td> <td colspan="5"></td>  |  |                    |                                     |  |             |                  |          |         |  |  |
| □ Chemical Contact (skin, breathing exposure)       □ Backing, Blocking, Bl | •  |                    |                                     | •  |             |                  |          |         |  |  |
| Test top, middle and<br>bottom of space. Monitor air<br>while working       Acceptable<br>Entry conditions       Initial Test<br>Results       Test<br>Res  | <ul> <li>Chemical Contact (skin, breathing exposure)</li> <li>Electrical (exposed energized wires)</li> <li>Mechanical (moving machinery)</li> <li>Temperature (heat or cold)</li> <li>Engulfment (drowning, smothering)</li> <li>Entrapment (tight spaces, entanglement)</li> </ul> |                    |                                     | <ul> <li>Blanking, Blocking, Bleeding</li> <li>External Barricades</li> <li>Confined Space Danger Signs</li> <li>Forced Air Ventilation</li> <li>Lock Out/Tag Out</li> <li>Air Monitoring</li> <li>Local Fume Exhaust</li> </ul> |             |                  |          |         |  |  |
| Test top, middle and<br>bottom of space. Monitor air<br>while working       Acceptable<br>Entry conditions       Initial Test<br>Results       Test<br>Res  |  | Accentable         | Air Monitor                         |  | ,           |                  |          |         |  |  |
| bottom of space. Monitor air<br>while working       Acceptable<br>Entry conditions       Initial Test<br>Results       Te   | Test ten middle and  |                    |                                     |  | Contaitions |                  |          |         |  |  |
| while working       Entry conditions       Results       Results <th< td=""><td></td><td>Accentable</td><td>Initial Test</td><td>Test</td><td>Test</td><td>Test</td><td>Test</td><td>Test</td></th<>  |  | Accentable         | Initial Test                        | Test   | Test        | Test             | Test     | Test    |  |  |
| Oxygen Content (%)       19.5% to 23.5%   |  |                    |                                     |  |             |                  |          |         |  |  |
| Flammable Vapor/LEL (%)       less than 10%   |  |                    | rtesuits                            | rtesuits   | rtesuits    | results          | rtesuits | results |  |  |
| Carbon Monoxide (ppm)       less than 35 ppm  |  |                    |                                     |  |             |                  |          |         |  |  |
| Hydrogen Sulfide (ppm)       less than 10 ppm   |  |                    |                                     |  |             |                  |          |         |  |  |
| Other (list here)       Initials of Tester         Gas Tester Name       Initials of Tester         Time of Test       Initials of Tester         CONTACT SUPERVISOR IF HAZARDS CANNOT BE ELIMINATED OR CONTROLLED. DO NOT ENTER         Communication Methods to be Used by Entrants and Attendants:         Voice       Radio         Hand Signals       Other (list here):         Equipment Used by Entrants and Attendants (check all that apply)         Gas Monitor       Tripod         Ventilating Equipment       Barriers/Barricades         Ladder       Safety Harness       SCBA         Lighting       Fall-Arresting Hoist       Respirator (APR)   |  |                    |                                     |  |             |                  |          |         |  |  |
| Time of Test       Image: Contact supervisor if Hazards cannot be used by Entrants and Attendants.         Communication Methods to be Used by Entrants and Attendants:         Voice       Radio       Hand Signals       Other (list here):         Equipment Used by Entrants and Attendants (check all that apply)         Gas Monitor       Tripod       Ventilating Equipment       Barriers/Barricades         Ladder       Safety Harness       SCBA       Protective Clothing         Lighting       Fall-Arresting Hoist       Respirator (APR)       Lifeline  | Other (list here)  |                    |                                     |  |             |                  |          |         |  |  |
| CONTACT SUPERVISOR IF HAZARDS CANNOT BE ELIMINATED OR CONTROLLED. DO NOT ENTER         Communication Methods to be Used by Entrants and Attendants:         Communication Methods to be Used by Entrants and Attendants:         Voice       Radio       Hand Signals       Other (list here):         Equipment Used by Entrants and Attendants (check all that apply)         Gas Monitor       Tripod       Ventilating Equipment       Barriers/Barricades         Ladder       Safety Harness       SCBA       Protective Clothing         Lighting       Fall-Arresting Hoist       Respirator (APR)       Lifeline   | Gas Tester Name  | Initials of Tester |                                     |  |             |                  |          |         |  |  |
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| Communication Methods to be Used by Entrants and Attendants:         Voice       Radio       Hand Signals       Other (list here):         Equipment Used by Entrants and Attendants (check all that apply)         Gas Monitor       Tripod       Ventilating Equipment       Barriers/Barricades         Ladder       Safety Harness       SCBA       Protective Clothing         Lighting       Fall-Arresting Hoist       Respirator (APR)       Lifeline   | CONTACT SUPERVISOR IE HAZARDS CANNOT BE ELIMINATED OR CONTROLLED DO NOT ENTER  |                    |                                     |  |             |                  |          |         |  |  |
| Voice       Radio       Hand Signals       Other (list here):         Equipment Used by Entrants and Attendants (check all that apply)         Gas Monitor       Tripod       Ventilating Equipment       Barriers/Barricades         Ladder       Safety Harness       SCBA       Protective Clothing         Lighting       Fall-Arresting Hoist       Respirator (APR)       Lifeline  |  |                    |                                     |  |             |                  |          |         |  |  |
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| Gas Monitor       Tripod       Ventilating Equipment       Barriers/Barricades         Ladder       Safety Harness       SCBA       Protective Clothing         Lighting       Fall-Arresting Hoist       Respirator (APR)       Lifeline   |  |                    |                                     |  |             |                  |          |         |  |  |
| Ladder       Safety Harness       SCBA       Protective Clothing         Lighting       Fall-Arresting Hoist       Respirator (APR)       Lifeline  | Equipment Used by Entrants and Attendants (check all that apply)   |                    |                                     |  |             |                  |          |         |  |  |
| Ladder       Safety Harness       SCBA       Protective Clothing         Lighting       Fall-Arresting Hoist       Respirator (APR)       Lifeline  | Gas Monitor  |                    |                                     |  |             |                  |          |         |  |  |
| Lighting Fall-Arresting Hoist Respirator (APR) Lifeline   |  |                    | -                                   |  | <br>□ Pro   | tective Clothina |          |         |  |  |
|   |  | -                  |                                     | PR)  |             | -                |          |         |  |  |
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|   |  | ,                  |                                     |  |             |                  |          |         |  |  |

### **RESCUE & EMERGENCY SERVICES**

# TELEPHONE 9-1-1 OR LOCAL EMERGENCY NO.:

Do not destroy this permit. After cancellation, this permit must be kept on file for 1 year. Return completed and cancelled permits to the corporate office.

## CONFINED SPACE ENTRY PERMIT



### **ENTRANT LOG**

| NAME (PLEASE PRINT) | TIME IN | TIME OUT |
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### THIS CONFINED SPACE ENTRY PERMIT HAS BEEN CANCELLED:

\_\_\_\_

By:\_\_\_\_

Entry Permit Supervisor Signature

Time: a.m./p.m.: \_\_\_\_\_ Date: \_\_\_\_\_

Do not destroy this permit. After cancellation, this permit must be kept on file for 1 year. Return completed and cancelled permits to the corporate office.