

#### CONFINED SPACE ENTRY PERMIT-CONSTRUCTION ALL QUESTIONS MUST BE ANSWERED

Facility/Project:							
RESCUE SERVICE EMERGENCY PHONE NO							
Notified of entry activity: Y N. If r	10, why?						
Description of confined Space:							
Nature of Work to be Performed:							
Confined Space Entry Authorization:		E	Equipment Owne	r			
Possibility of Special Hazards Existin	ng:						
Hazard	Yes	No		Hazard		Yes	No
Toxic Vapors			Burns				
Combustible Gases			Falls				
Lack of Oxygen			Noise	• •			
Electric Shock			Hazardous Liqu	ıds			
Injury from mechanical equipment	<b>E f</b>	<u> </u>	Trips				
	<u>Entry Sup</u> Item	ervisor	's Checklist		Yes	No	N/A
Confined Space Emptied/Clean	Item				105	INO	1N/A
Confined space purged with air and prop	erly ventilated						
All equipment associated with space locked, tagged, and tried							
Safety shower or water hose available							
Adequate low voltage lighting provided							
All portable electrical tools grounded or	double insulated						
Cutting & Welding Permit Completed							
Meeting held with entrants to review job	operations & ha	zards					
Ground fault interrupter available							
Space atmosphere declared safe by testir	<u>v</u>						
Employees briefed on rescue procedures							
Appropriate safety clothing/equipment a	vailable						
Prearranged Communications:							
Man stationed at entrance							
Close Supervision							
Radio Telephone							
relephone							
Confirmed with:			Date:	Time:			
Safety Depar	rtment						
Permit Expires: Date:		Time:		AM – PM			
Permit Expires: Date: Time: AM – PM Note: Permit is good for one shift only – maximum 12 hours.							
Entry Supervisor - Print Name		gn Na		Date:	Time	e:	



Attendant (Lookout)			
Item	Yes	No	N/A
I understand the hazards faced during entry and the symptoms and consequences of exposures to authorized entrants.			
I understand that all individuals who enter or leave the confined space are continually accounted for and must sign in and out.			
I understand I must remain outside the confined space during entry operations until relieved by another qualified lookout			
I understand I must continuously monitor activities inside and outside the space to determine if it is safe for entrants to remain in the space.			
I understand I must order authorized entrants to evacuate the confined space immediately when a hazard arises.			
I understand			
I must summon rescue services when authorized entrants may need assistance to escape from confined space hazards.			
I must know the route to the nearest telephone, intercom, and/or two way radio			
If I would be required to leave my post at the entrance to the confined space for longer than a minute to summon rescue assistance or if I cannot maintain line of sight with the space in order to summon rescue assistance, two way radios must be provided			
I must keep unauthorized entrants from entering the confined spaces.			
I must perform non-entry or entry rescues (if properly trained); however, entry rescues cannot be performed until another lookout is posted			
I must perform no other duties that might interfere with the primary duty of monitoring and protecting the authorized entrants.			
That when continuous monitoring is being performed from outside the space and the test equipment operator is not available, the lookout shall monitor the instrument and record the test results on the permit at a frequency no less than hourly			
I understand that I must never enter the space unless relieved by another qualified attendant			
Understand all requirements of the Lookout Section of the entry permit and verify by signing the permit.			

Attendant			
Print name	Sign Name	Start Time	End Time



	Acceptable		Hour										
	Entry Conditions	1	2	3	4	5	6	7	8	9	10	11	12
Time													
					R	eadings	(Must en	ter actua	l reading	gs)			
Oxygen	20.9%												
СО	0												
$H_2S$	0												
Gases (LEL)	0%												
Type Unit: Days to Next Calibration:													
Has unit been "bump tested/recalibrated within the last 24 hours? If not, unit must be "bump-tested/calibrated" prior to use.													
What is the required testing frequency authorized by Entry Supervisor:													

Test Equipment Operator's signature:

## **Entrant Sign In/Out Sheet**

The Entry Supervisor has reviewed this permit with me and I understand and agree that permissible conditions for entry exist and I understand my responsibilities as an entrant into this space. I further understand that I must sign in and sign out each time I enter and exit the space.

Print Name	Sign Name	Time In	Time Out



## **Gas Monitor Issues**

Indicate any issue with gas monitor such as alarms, boot up issues, power issues, ext.

Issue	Resolution
H2S alarm	Moved unit to clean air an alarm continued. Powered down unit, restarted and bump tested. Unit passed bump test.

### **Returning Equipment to Normal Operations**

Entry Supervisor's Checklist						
Item	Yes	No	N/A			
All personnel have vacated the space and are accounted for.						
All tools and equipment have been removed from the space.						
All opening for the space have been closed						
Direct the removal of all lockout devices						
Notify Rescue Services						

Permit Canceled:		Date:	Time:
	Entry Supervisor		
Confirmed with:		Date:	Time:
	Safety Department		

# This Confined Space Entry Permit and the Cutting and Welding Permit, if used, must be sent to the Safety Department upon termination.



## **Entrant Sign In/Out Sheet - Page 2**

The Entry Supervisor has reviewed this permit with me and I understand and agree that permissible conditions for entry exist and I understand my responsibilities as an entrant into this space. I further understand that I must sign in and sign out each time I enter and exit the space.

Print Name	Sign Name	Time In	Time Out