

# PERMIT REQUIRED CONFINED SPACE ENTRY PERMIT

## Description and Location

Confined Space ID: \_\_\_\_\_

Description: \_\_\_\_\_

Comments: \_\_\_\_\_

## Potential Hazards

Hazardous Residue: _____	Hazardous Atmosphere: _____	Engulfment Hazard: _____
Flash Fire: _____	Electrocution: _____	Poor Lighting: _____
Minimum Work Room: _____	Moving Machinery: _____	Poor Footing: _____
Solid Material In-Flow: _____	Injury_Sudden Illness: _____	Hot Surfaces: _____
Solid Material Out-Flow: _____	Respirable Dust: _____	Fall Hazard: _____
Steam Hot Water Inflow: _____	Other (specify): _____	

## Required Precautions Before Entry

Isolate and Lockout: \_\_\_\_\_

Test Space for: %O2 \_\_\_\_\_ %LFL: \_\_\_\_\_ ppm H2S \_\_\_\_\_ ppm CO: \_\_\_\_\_ Other: \_\_\_\_\_

Barricade Opening: \_\_\_\_\_ Ventilation: \_\_\_\_\_

Other (specify): \_\_\_\_\_

## Required Precautions During Entry

Surveillance Method: \_\_\_\_\_ Safety Hoist: \_\_\_\_\_

Ventilation: \_\_\_\_\_ Respirator: \_\_\_\_\_

Monitor Atmosphere: \_\_\_\_\_ Other PPE: \_\_\_\_\_

Safety Harness/Lifeline: \_\_\_\_\_ GFI/L.V.Equip \_\_\_\_\_

## Emergency Action Plan

*Entrants shall immediately self evacuate if a hazard is detected or perceived. Stand-by person; use nearest telephone or (two-way radio) to call 911 to summon emergency assistance.*

*If entrant is attached to a lifeline attempt to extricate without entering the confined space.*

*Stand-by person shall not enter to perform an unassisted internal rescue.*

## Emergency Response Information

Agency Designated to Respond to An Emergency: \_\_\_\_\_

Access to Confined Space: \_\_\_\_\_ Entry Point: \_\_\_\_\_ Depth at Entry Point: \_\_\_\_\_

Small Entry Opening: \_\_\_\_\_ (24" or less) Rescue Difficulty: \_\_\_\_\_

Most Likely Foreseeable Emergency: \_\_\_\_\_

Worst Case Scenerio: \_\_\_\_\_

## ENTRY PERMIT AND WORK AUTHORIZATION

Permit Issued By: \_\_\_\_\_ Date Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Confined Space: \_\_\_\_\_

Scope of Work: \_\_\_\_\_

Hot Work Authorized: No \_\_\_ Yes \_\_\_ Scope \_\_\_\_\_

Comment: \_\_\_\_\_

Signatures of Authorized Entrants and Stand-By Person (May Alternate Yes \_\_\_ No \_\_\_)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Signatures verify that safety plan and appropriate MSDS's have been reviewed.

