## **CONFINED SPACE ENTRY PERMIT**

CONFINED SPACE GENERAL INFORMATION: Pern			nber:	Call 656-1297					
			Number:	<u> </u>					
Time Issued:		Valid Until (	Time, max. 8 hrs	):					
Confined Space Description and Loc	ation:								
Purpose of Entry:									
PERMIT SPACE HAZARDS (Obser									
Oxygen Deficiency (< 19.5%)	Oxygen Enrichment		Connected						
Flammable Gases or Vapors	Toxic Gases or Vap			Cooling Water					
Airborne Combustible Dust	Mechanical Hazards	3	Condensate						
(meets or exceeds PEL)	Electrical Shock			Instrument Lines					
Materials Harmful to Skin (corrosive, skin absorbed)	Engulfment Hot/Corrosive			Electrical Circuits Lines to Jackets, Coils					
Pre-opening Hazards	Heat/Cold Stress		Radiation D						
Noise	Poor Lighting		Snakes/Roo						
Slipping/Tripping	Insects/Spiders/Was	ens/Etc	MSDS Needed						
Potential for disturbance of asbe			Other:	:					
containing material	otos of presumed dobes	100	Outer.						
Itemize each control me	ethod identified in the	PERMIT S	SPACE HAZAI	RDS section above:					
Permit Space H			Control Method						
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MANDATORY PREPARATIONS FOR ENTRY (check after completion):  [ ] Notification of affected departments of service interruption Control Methods: Check all that apply. (Itemize on back if more than one)  [ ] Lockout/Tagout [ ] Ventilation (at energy source only a minimum) [ ] Atmospheric Test [ ] Blank/Blind/Disconnect [ ] Barriers [ ] Purge/Clean [ ] Other:  Personal Awareness: Check all that apply.  [ ] Pre-entry Briefing (specific hazards/control methods)  [ ] Notify Entrants of Permit/Hazard Conditions [ ] Other:  Additional permits required and/or attached: Check all that apply.  [ ] LOTO [ ]  [ ] Retrieval System provided  Notifications: (Initials required)  Before After Entry Entry  [ ] [ ] Fire Department (Dispatch) @ 656-2222  [ ] [ ] Boilers @ 656-3613 or 656-2565  [ ] [ ] [ ]			or attach roster:  I understand entrant/attendant responsibilities, have participated in the Pre-Entry Briefing and have reviewed required precautions.  Print Entrant Name Entrant Signature  Print Attendant Name Attendant Signature						
COMMUNICATION INSTRUC be at location).	TIONS. For Emergend	by Assistance	CALL DISPATCH	oco-2222 by <u>pnone</u> ( <u>must</u>					
Between attendants and entrants:									
2. Note! Only authorized Fire Department rescue team members are permitted to make entry rescues.									

EQUIPMENT TO BE PROVIDED AND/OR AVAILABLE: Check those that are required.												
Fire Extinguisher Lifelines Provided Retrieval System Explosion Proof Lighting Retrieval System First Aid Kit  Additional Information/Comments (add additional page if needed):												
,												
INSTRUMENT (ATMOSPHERIC) INFORMATION Signature of Tester:												
Instrument Name/M												
Serial or Equipment	t No.:		Da	Date:			Time:					
Results of Test:						- 1						
O <sub>2</sub> 9	% LFL	% C	0		ppm H <sub>2</sub>	2S			ppm			
MONITOR ATMOSPHERE CONTINUOUSLY												
FREQUENCY	OF RECORDIN	<b>[</b> ]	Hourly	[]	Other (sp	ecify)						
TESTING	Acceptable	Time:	Time:	Ī.	Time:	Time:	7	Γime:				
RECORD	Conditions	Result	Result		Result	Resu	It	Resu	lt			
Oxygen	19.5 – 23.5%											
Flammability	10% LFL											
H <sub>2</sub> S	10 ppm											
CO	35 ppm											
Heat (specify)												
Other (specify)												
Tester Initials		<b>{</b> }	{	}	<b>{</b> }	{	}	{	}			
ENTRANT DEBRIEFING (Mandatory): Any hazard confronted or created during entry operations? ☐ Yes ☐ No Explanation:												
AUTHORIZATION I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in this Confined Space.												
Entry Supervisor Printed Name		Name	e Signature				Date					
TERMINATION OF PERMIT: Printed Name Signature Da						Date						
Entry Supe					3							
	Completed	[] Other:		1			<u>'</u>					
REVIEW BY SAFET	٧٠											

NOTE! Completed permits shall be retained a minimum of 5 years plus current year.