

APPENDIX 2.5, ATTACHMENT 13.3

CONFINED SPACE

CONFINED SPACE ENTRY PERMIT

Date and Time Issued: _____ Date and Time Expires: _____
Job Site/Space I.D.: _____ Job Supervisor: _____
Equipment to be worked on: _____ Work to be performed: _____

Entry Personnel: _____

Stand-by Personnel: _____

1. Atmospheric Checks: Time _____
Oxygen _____ %
Explosive _____ % L.E.L.
Toxic _____ PPM

2. Tester's Signature: _____

3. Source Isolation (No Entry): N/A Yes No
Pumps or lines blinded, () () ()
disconnected, or blocked () () ()

4. Ventilation Modification: N/A Yes No
Mechanical () () ()
Natural Ventilation only () () ()

5. Atmospheric Check after
Isolation and Ventilation:
Oxygen _____ % > 19.5 %
Explosive _____ % L.F.L < 10 %
Toxic _____ PPM < 10 PPM H(2)S
Time _____
Testers Signature: _____

6. Communication Procedures: _____

7. Rescue Procedures: _____

8. Entry, standby, and back up persons: Yes No
Successfully completed required training?
Is it current? () ()

9. Equipment:	N/A	Yes	No
Direct reading gas monitor - tested	()	()	()
Safety harnesses and lifelines for entry and standby persons	()	()	()
Hoisting equipment	()	()	()
Powered communications	()	()	()
SCBA's for entry and standby persons	()	()	()
Protective clothing	()	()	()
All electric equipment listed Class I, Division I, Group D and Non-sparking tools	()	()	()

10. Periodic atmospheric tests during entry:

Oxygen	____%	Time	____	Oxygen	____%	Time	____
Oxygen	____%	Time	____	Oxygen	____%	Time	____
Explosive	____%	Time	____	Explosive	____%	Time	____
Explosive	____%	Time	____	Explosive	____%	Time	____
Toxic	____%	Time	____	Toxic	____%	Time	____
Toxic	____%	Time	____	Toxic	____%	Time	____

We have reviewed the work authorized by this permit and the information contained here in. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked in the "No" column. This permit is not valid unless all appropriate items are completed.

Permit Prepared By: (Supervisor) _____

Approved By: (Department Manager) _____ YES _____ NO

 (Printed Name) (Signature)

This permit to be kept at job site. Return job site copy to EHS Coordinators office at Facilities Services following job completion.

Copies: White Original (EHS Office)
 Hard (Job site)