**CONFINED SPACE ENTRY PERMIT**

**NOTE:**

**(1) Each confined space should always be considered a Full Permit-Required Space until proven and documented otherwise!**

**(2) Each permit is valid for the assigned task only. (Not to exceed one work shift)**

**PERMIT ISSUE DATE/TIME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EXPIRATION DATE/TIME:**

**SPACE ID/LOCATION:**

**SPECIFIC WORK PROCEDURE:**

**AGENCY:**

**AUTHORIZED ENTRANT(S):**

**ATTENDANT(S):**

***🟏🟏🟏RESCUE PLAN REQUIRED FOR ALL ENTRY — REFER TO RESCUE SECTION🟏🟏🟏***

**EMERGENCY RESCUE PLAN: *(Required for All Confined Space Entries)***

In event of emergency, contact:

Briefly outline the rescue procedure to be used and the equipment needed:

**INITIAL ASSESSMENT**

***(Without entering the space, conduct an atmospheric assessment and circle the confined space conditions below.)***

**ATMOSPHERIC ASSESSMENT (*Required for every confined space*):**

 Method of Monitoring the Atmosphere:

 Calibration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bump Test Date:

**ATMOSPHERIC TESTING RESULTS**

| SUBSTANCE | PERMISSIBLE EXPOSURE LIMIT | RESULTS AND TIMES (For each test show result and time) |
| --- | --- | --- |
| PRE-ENTRY | TEST 1 | TEST 2 | TEST 3 | TEST 4 | TEST 5 | TEST 6 | TEST 7 |
| TIME |  |  |  |  |  |  |  |  |  |
| CONDUCTED BY |  |  |  |  |  |  |  |  |  |
| OXYGEN | **19.5 - 23.5%** |  |  |  |  |  |  |  |  |
| LEL | **10%** |  |  |  |  |  |  |  |  |
| HYDROGEN SULFIDE | **10 PPM** |  |  |  |  |  |  |  |  |
| CARBON MONOXIDE | **25 PPM** |  |  |  |  |  |  |  |  |
| OTHER TOXIC |  |  |  |  |  |  |  |  |  |

**CONFINED SPACE CONDITIONS (circle as applicable):**

 **1. Contains or has the potential to contain a hazardous atmosphere (e.g., rust, organic material, nearby traffic, etc.).**

 **2. Contains a material that has the potential for engulfing an entrant.**

 **3. Has an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor, which slopes downward and tapers to a smaller cross-section.**

 **4. Contains any other recognized serious safety or health hazard, including job-introduced hazards.**

|  |
| --- |
| If **none** of the conditions exist, proceed to **Declassification for Non-Permit Entry** |
| If **only #1** condition exists, continue **Atmospheric Monitoring,** begin **Ventilation,** andproceed to **(c)(5) – Alternative Procedures for Entry** |
| If **any of #2, #3, or #4** conditions apply, continue **Atmospheric Monitoring.** Complete **Full Permit-Required Entry checklist** |

**DECLASSIFICATION FOR NON-PERMIT ENTRY**

**Only qualified Entry Supervisors are authorized to execute a Declassification Certificate.**

\* This permit space poses no actual or potential atmospheric hazards, and all hazards within the space were eliminated without entry into the space.

\* **ANY ENTRIES TO OBTAIN DATA OR TO PERFORM ACTIONS NECESSARY FOR DECLASSIFICATION MUST BE BY PERMIT!**

\* Rescue procedures have been established.

\* This certificate has been made available to each employee entering the area. 🞏 Yes

**\*** Upon completion of the job, the area will revert to a permit-required confined space status.

**Basis for Declassification:** (Describe fully)

 Print Name (Entry Supervisor) Signature Date

**ATMOSPHERIC VENTILATION**: (Must operate long enough for the atmospheric hazard to be eliminated.)

 Method of Ventilation:

 Volume (Cubic Feet) of Space to Be Entered:

 Volume Rating (Cubic Feet Per Minute) of Ventilation Equipment:

 Length of time of Ventilation:

**(c)(5) - ALTERNATIVE PROCEDURES FOR ENTRY**

1. All non-atmospheric hazards in the space were eliminated without entering the space YES 🞏 NO 🞏

 (e.g., engulfment, internal configuration, electrical)?

2. Source isolation and lock-out/tag-out in place? YES 🞏 NO 🞏 N/A 🞏

3. Free of any serious job-introduced hazards? YES 🞏 NO 🞏

4. Is the only hazard posed by the space an actual or potential atmospheric hazard? YES 🞏 NO 🞏

5. Will continuous forced ventilation alone be sufficient for safe entry? YES 🞏 NO 🞏

6. Rescue Plan – equipment readily accessible? YES 🞏

7. Has forced air ventilation been continued? YES 🞏 NO 🞏

8. Has atmospheric monitoring been continued? YES 🞏 NO 🞏

**IF ANY “NO” RESPONSES, ENTRY *NOT ELIGIBLE* USING THE “(c)(5) PROCEDURE”. *COMPLETE THE FULL PERMIT*.**

**(c)(5) CERTIFICATION BY ENTRY SUPERVISOR:** I am familiar with the special requirements and conditions under which a permit-required space may be entered under the alternative procedures outlined in 8 CCR 5157 (c)(5). The basis for this conclusion is inspection and testing (with a calibrated, direct reading instrument, as previously noted). I verify that all necessary pre-entry steps have been taken, that rescue procedures have been established, and that ventilation of the space and atmospheric monitoring will continue. I verify that the space is safe for entry.

 Print Name Signature Date

 **FULL PERMIT-REQUIRED ENTRY**

1. All non-atmospheric hazards in the space are controlled without entering the space? YES 🞏

2. Exposure to atmospheric hazard controlled? YES 🞏 N/A 🞏

3. Ventilation system in operation (positive pressure if possible)? YES 🞏 N/A 🞏

4. Continuous air monitoring of workspace while work is being performed? YES 🞏 N/A 🞏

5. Lock-out/Tag-out systems in place? YES 🞏 N/A 🞏

6. MSDS available (whenever atmospheric or other chemical hazards are introduced)? YES 🞏 N/A 🞏

7. Use of explosion proof equipment/non-sparking tools? YES 🞏 N/A 🞏

8. Hot Work Permit required? (If yes, attach permit) YES 🞏 N/A 🞏

9. Fire extinguishing media available? YES 🞏 N/A 🞏

10. Clear communication between entrant and attendant? YES 🞏

11. Appropriate PPE for employees? YES 🞏

12. Rescue equipment and procedures in place? YES 🞏

13. Emergency communications in place and checked? YES 🞏

14. Other anticipated hazards & controls:

**PERMIT CERTIFICATION BY ENTRY SUPERVISOR:**

 Print Name Signature Date

***NOTE: THIS DOCUMENT MUST BE POSTED AT ENTRY AND/OR IN POSSESSION OF ATTENDANT!***

|  |
| --- |
| **CONTRACTOR PRE/POST ENTRY BRIEFING**Name of contractor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pre-briefing conducted on: (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contractor notified of: Permit Requirements 🞏 Potential Hazards 🞏 Special tools/Equipment 🞏Debriefing at completion of job: (date) Problems encountered:  |