CONFINED SPACE ENTRY PERMIT

CONFINED SPACE GENERAL INFORMATION:  Permit Number:  Call 656-1297
Date:  Equipment Number: 
Time Issued:  Valid Until (Time, max. 8 hrs):
Confined Space Description and Location:

Purpose of Entry:

PERMIT SPACE HAZARDS (Observed or Potential) (check all that apply): (itemize Control Methods below)

<table>
<thead>
<tr>
<th>Permit Space Hazard</th>
<th>Control Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxygen Deficiency (&lt; 19.5%)</td>
<td>Oxygen Enrichment (&gt;23.5%)</td>
</tr>
<tr>
<td>Flammable Gases or Vapors</td>
<td>Toxic Gases or Vapors (&gt;PEL)</td>
</tr>
<tr>
<td>Airborne Combustible Dust (meets or exceeds PEL)</td>
<td>Mechanical Hazards</td>
</tr>
<tr>
<td>Materials Harmful to Skin (corrosive, skin absorbed)</td>
<td>Engulfment</td>
</tr>
<tr>
<td>Pre-opening Hazards</td>
<td>Heat/Cold Stress</td>
</tr>
<tr>
<td>Noise</td>
<td>Poor Lighting</td>
</tr>
<tr>
<td>Slipping/Tripping</td>
<td>Insects/Spiders/Wasps/Etc.</td>
</tr>
</tbody>
</table>

Potential for disturbance of asbestos or presumed asbestos containing material

Itemize each control method identified in the PERMIT SPACE HAZARDS section above:

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 (at energy source only a minimum)
  [ ] Blank/Blind/Disconnect
  [ ] 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 Entry
  [ ] Fire Department (Dispatch) @ 656-2222
  [ ] Boilers @ 656-3613 or 656-2565

COMMUNICATION INSTRUCTIONS: For Emergency Assistance CALL Dispatch @ 656-2222 by phone (must be at location).

1. Between attendants and entrants:
2. Note! Only authorized Fire Department rescue team members are permitted to make entry rescues.

AUTHORIZED ENTRANTS/ATTENDANTS (list name 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

PERMIT MUST BE AVAILABLE AT ENTRY LOCATION IN PLASTIC SLEEVE
EQUIPMENT TO BE PROVIDED AND/OR AVAILABLE: Check those that are required.

- [ ] Fire Extinguisher
- [ ] Lifelines
- [ ] Full Body Harness
- [ ] Protective Clothing
- [ ] Explosion Proof Lighting
- [ ] Personal Protective Gear
- [ ] Retrieval System
- [ ] First Aid Kit

Additional Information/Comments (add additional page if needed):

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**INSTRUMENT (ATMOSPHERIC) INFORMATION**

<table>
<thead>
<tr>
<th>Instrument Name/Model:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Serial or Equipment No.:</td>
<td>Date:</td>
</tr>
<tr>
<td>Results of Test:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>O₂</th>
<th>%</th>
<th>LFL</th>
<th>%</th>
<th>CO</th>
<th>ppm</th>
<th>H₂S</th>
<th>ppm</th>
</tr>
</thead>
</table>

**FREQUENCY OF RECORDING**

<table>
<thead>
<tr>
<th>TESTING RECORD</th>
<th>Acceptable Conditions</th>
<th>Time:</th>
<th>Time:</th>
<th>Time:</th>
<th>Time:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxygen</td>
<td>19.5 – 23.5%</td>
<td>Result</td>
<td>Result</td>
<td>Result</td>
<td>Result</td>
<td>Result</td>
</tr>
<tr>
<td>Flammability</td>
<td>10% LFL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H₂S</td>
<td>10 ppm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>CO</td>
<td>35 ppm</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Heat (specify)</td>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td>Other (specify)</td>
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</tbody>
</table>

**Tester Initials**

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**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 | Signature | Date |}

**TERMINATION OF PERMIT:**

| Entry Supervisor | Printed Name | Signature | Date |}

Reason:  
- [ ] Job Completed  
- [ ] Other:

**REVIEW BY SAFETY:**

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