CONFINED SPACE ENTRY PERMIT

CONFINED SPACE GENERAL INFORMATION:	**Permit Number:**	**Call Facilities 864-643-6266**
Date:	Equipment Number:	
Time Issued:	Valid Until:	
Confined Space Description and Location:		
Purpose of Entry:		

PERMIT SPACE HAZARDS (check all that apply): (itemize Control Methods on back)

☐	Oxygen Deficiency (< 19.5%)	☐	Oxygen Enrichment (>23.5%)	☐	Connected Pipe Lines
☐	Flammable Gases or Vapors	☐	Toxic Gases or Vapors (>PEL)	☐	Cooling Water
☐	Airborne Combustible Dust (meets or exceeds PEL)	☐	Mechanical Hazards	☐	Condensate
		☐	Electrical Shock	☐	Instrument Lines
☐	Materials Harmful to Skin (corrosive, skin absorbed)	☐	Engulfment	☐	Electrical Circuits
		☐	Hot/Corrosive	☐	Lines to Jackets, Coils
☐	Pre-opening Hazards	☐	Heat/Cold Stress	☐	Radiation Devices
☐	Noise	☐	Poor Lighting	☐	Snakes/Rodents
☐	Slipping/Tripping	☐	Insects/Spiders/Wasps/Etc.	MSDS Needed?	☐ Yes ☐ No
☐	Potential for disturbance of asbestos or presumed asbestos containing material			Other:	

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
- [ ] Ventilation
- [ ] Atmospheric Test
- [ ] Barriers
- [ ] 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	**After Entry**	
[ ]	[ ]	Fire Department (Dispatch) @ 656-2222
[ ]	[ ]	Boilers @ 656-3613 or 656-2565
[ ]	[ ]	

AUTHORIZED ENTRANTS/ATTENDANTS (list name or attach roster:

I understand entrant/attendant responsibilities and have reviewed required precautions.

Print Entrant Name	Entrant Signature

Print Attendant Name	Attendant Signature

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.**

Equipment to be provided and/or available: Check those that are required.

☐ Fire Extinguisher ☐ Lifelines ☐ Protective Clothing ☐ Explosion Proof Lighting
☐ Full Body Harness ☐ Personal Protective Gear ☐ Retrieval System ☐ _____

Additional Information/Comments:

PERMIT MUST BE AVAILABLE AT ENTRY LOCATION IN PLASTIC SLEEVE, COPY IN TEAM LEADERS OFFICE

INSTRUMENT (ATMOSPHERIC) INFORMATION				Signature of Calibrator:			
Instrument Name/Model:							
Serial or Equipment No.:				Date:		Time:	
Results of Calibration:							
O_2	%	LFL	%	CO	ppm	H_2S	ppm

MONITOR ATMOSPHERE CONTINUOUSLY

FREQUENCY OF RECORDING [ ] Hourly [ ] Other (specify)

TESTING RECORD	Acceptable Conditions	Time: Result	Time: Result	Time: Result	Time: Result	Time: Result
Oxygen	19.5 – 23.5%					
Flammability	10% LFL					
H_2S	10 ppm					
CO	35 ppm					
Heat (specify)						
Other (specify)						
Tester Initials						

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

Permit Space Hazard	Control Method

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.

	Printed Name	Signature	Date
Entry Supervisor			

TERMINATION OF PERMIT:	Printed Name	Signature	Date
Entry Supervisor			
Reason: [ ] Job Completed	[ ] Other:		
REVIEW BY SAFETY:			

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