

CONFINED SPACE ENTRY PERMIT

PERMIT VALID FOR 1 SHIFT ONLY. ALL PERMIT COPIES MUST REMAIN AT THE SITE UNTIL SHIFT OR JOB IS COMPLETED.

Date: _____ Site location #1: _____

Site location #2: _____ Site location #3: _____

Site location #4: _____ Site location #5: _____

PURPOSE OF ENTRY: _____

Supervisor in charge of crew: _____ Type of Crew: _____ NexTel or Cell #: _____

Contractor: _____ Phone Number: _____

Communication procedures: Visual Life Line Voice Contact Radio Signal

Rescue procedures: _____

BOLD INDICATES MINIMUM REQUIREMENTS TO COMPLETE AND REVIEW PRIOR TO ENTRY

REQUIREMENTS	YES	NO	N/A	REQUIREMENTS	YES	NO	N/A
Lockout/De-energize/Tagout				Full Body Harness w/"D" Ring			
Line(s) Broken-Capped-Blank				Emergency Escape Retrieval Equipment			
Purge-Flush and Vent				Lifelines			
Ventilation				Fire Extinguishers			
Secure Area (Post and Flag)				Lighting (Explosive proof)			
Breathing Apparatus				Protective Clothing (PPE)			
Resuscitator - Inhalator				Respirator(s) (Air Purifying)			
Standby Safety Personnel				Hot Work Permit (Burning and Welding)			

SAFETY STANDBY IS REQUIRED FOR ALL CONFINED SPACE WORK

SAFETY STANDBY ATTENDENT(S) _____ SIGNATURE _____

CONFINED SPACE ENTRANT(S) _____ SIGNATURE _____

PERMIT MUST BE AVAILABLE AT ENTRY LOCATION IN PLASTIC SLEEVE.

Figure 2 - Confined Space Entry permit Page 1

CONFINED SPACE ENTRY PERMIT

NAME OF GAS TESTER: _____ TEXAS STATE ID#: _____						
Continuous Monitoring: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Contractor Testing Units Used: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Test(s)	Acceptable Conditions	Site #1	Site #2	Site #3	Site #4	Site #5
Percent of Oxygen (O ₂):	19.5 -23.5%	_____ %	_____ %	_____ %	_____ %	_____ %
Lower Explosive Limit (LEL):	< 10%	_____ %	_____ %	_____ %	_____ %	_____ %
Carbon Monoxide (CO):	< 10ppm	_____ %	_____ %	_____ %	_____ %	_____ %
Hydrogen Sulfide (H ₂ S):	< 35ppm	_____ %	_____ %	_____ %	_____ %	_____ %
Remarks: _____ _____ _____						
ENTRY SUPERVISOR AUTHORIZATION - ALL CONDITIONS SATISFIED						
Signature: _____						
Department: _____						
EMERGENCY CONTACT PHONE NUMBER:						
911						
<u>Note! Only authorized Fire Department rescue team members are permitted to make entry rescues.</u>						
TERMINATION OF PERMIT:						
Entry Supervisor		Printed Name		Signature		Date
Reason For Termination						
[] Job Completed		[] Other: _____				
PERMIT SPACE HAZARDS (check all that apply):						
<input type="checkbox"/> Oxygen Deficiency (< 19.5%)	<input type="checkbox"/> Oxygen Enrichment (>23.5%)	<input type="checkbox"/> Connected Pipe Lines				
<input type="checkbox"/> Flammable Gases or Vapors	<input type="checkbox"/> Toxic Gases or Vapors (>PEL)	<input type="checkbox"/> Cooling Water				
<input type="checkbox"/> Airborne Combustible Dust (meets or exceeds PEL)	<input type="checkbox"/> Mechanical Hazards	<input type="checkbox"/> Condensate				
<input type="checkbox"/> Materials Harmful to Skin (corrosive, skin absorbed)	<input type="checkbox"/> Electrical Shock	<input type="checkbox"/> Instrument Lines				
<input type="checkbox"/> Pre-opening Hazards	<input type="checkbox"/> Engulfment	<input type="checkbox"/> Electrical Circuits				
<input type="checkbox"/> Noise	<input type="checkbox"/> Hot/Corrosive	<input type="checkbox"/> Lines to Jackets, Coils				
<input type="checkbox"/> Slipping/Tripping	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Radiation Devices				
<input type="checkbox"/> Potential for disturbance of asbestos or presumed asbestos containing material	<input type="checkbox"/> Poor Lighting	<input type="checkbox"/> Snakes/Rodents				
	<input type="checkbox"/> Insects/Spiders/Wasps/Etc.	MSDS Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
		Other: _____				

Figure 3 - Confined Space Entry Permit Page 2