

Appendix D to §1910.146

Appendix D-1

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: _____

Stand-by personnel: _____

1. Atmospheric Checks: Time _____
Oxygen _____ %
Explosive _____ % L.F.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:

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: (Unit Supervisor) _____

Reviewed By (Cs Operations Personnel) :

 (printed name)

(signature)

This permit to be kept at job site. Return job site copy to Safety Office following job completion.

Copies: White Original (Safety Office)
 Yellow (Unit Supervisor)
 Hard(Job site)

Appendix D - 2

ENTRY PERMIT

PERMIT VALID FOR 8 HOURS ONLY. ALL COPIES OF PERMIT WILL REMAIN AT JOB SITE UNTIL JOB IS COMPLETED

DATE: - - SITE LOCATION and DESCRIPTION _____

PURPOSE OF ENTRY _____

SUPERVISOR(S) in charge of crews Type of Crew Phone # _____

COMMUNICATION PROCEDURES _____

RESCUE PROCEDURES (PHONE NUMBERS AT BOTTOM) _____

* BOLD DENOTES MINIMUM REQUIREMENTS TO BE COMPLETED AND REVIEWED PRIOR TO ENTRY*

REQUIREMENTS COMPLETED	DATE	TIME
Lock Out/De-energize/Try-out	_____	_____
Line(s) Broken-Capped-Blanked	_____	_____
Purge-Flush and Vent	_____	_____
Ventilation	_____	_____

Secure Area (Post and Flag) _____

Breathing Apparatus _____

Resuscitator - Inhalator _____

Standby Safety Personnel _____

Full Body Harness w/"D" ring _____

Emergency Escape Retrieval Equip _____

Lifelines _____

Fire Extinguishers _____

Lighting (Explosive Proof) _____

Protective Clothing _____

Respirator(s) (Air Purifying) _____

Burning and Welding Permit _____

Note: Items that do not apply enter N/A in the blank.

****RECORD CONTINUOUS MONITORING RESULTS EVERY 2 HOURS**

CONTINUOUS MONITORING**	Permissible	_____	_____	_____	_____	_____	_____	_____	_____
TEST(S) TO BE TAKEN	Entry Level	_____	_____	_____	_____	_____	_____	_____	_____
PERCENT OF OXYGEN	19.5% to 23.5%	_____	_____	_____	_____	_____	_____	_____	_____
LOWER FLAMMABLE LIMIT	Under 10%	_____	_____	_____	_____	_____	_____	_____	_____
CARBON MONOXIDE	+35 PPM	_____	_____	_____	_____	_____	_____	_____	_____
Aromatic Hydrocarbon	+ 1 PPM * 5PPM	_____	_____	_____	_____	_____	_____	_____	_____
Hydrogen Cyanide	(Skin) * 4PPM	_____	_____	_____	_____	_____	_____	_____	_____
Hydrogen Sulfide	+10 PPM *15PPM	_____	_____	_____	_____	_____	_____	_____	_____
Sulfur Dioxide	+ 2 PPM * 5PPM	_____	_____	_____	_____	_____	_____	_____	_____
Ammonia	*35PPM	_____	_____	_____	_____	_____	_____	_____	_____

* Short-term exposure limit: Employee can work in the area up to 15 minutes.

+ 8 hr. Time Weighted Avg.: Employee can work in area 8 hrs (longer with appropriate respiratory protection).

REMARKS:

GAS TESTER NAME & CHECK #	INSTRUMENT (S) USED	MODEL &/OR TYPE	SERIAL &/OR UNIT #
_____	_____	_____	_____
_____	_____	_____	_____

SAFETY STANDBY PERSON IS REQUIRED FOR ALL CONFINED SPACE WORK

SAFETY STANDBY PERSON (S)	CHECK #	CONFINED SPACE ENTRANT (S)	CHECK #	CONFINED SPACE ENTRANT (S)	CHECK #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SUPERVISOR AUTHORIZING - ALL CONDITIONS SATISFIED _____

DEPARTMENT/PHONE _____

AMBULANCE 2800 FIRE 2900 Safety 4901 Gas Coordinator 4529/5387