

Permit-Required Confined Space ENTRY PERMIT

PERMIT VALID FOR _____ HOURS OR UNTIL FOLLOWING JOB IS COMPLETE: _____

Site Location and Description _____

Purpose of Entry _____

Entry Supervisor _____ Unit Supervisor _____

Name(s) of Authorized Entrant(s) _____

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

[NOTE: Enter N/A in the items that do not apply]

REQUIREMENTS COMPLETED	DATE	TIME	REQUIREMENTS COMPLETED	DATE	TIME
Lock Out/De-energize/Try-out	_____	_____	Emergency Escape Retrieval Equip	_____	_____
Line(s) Broken-Capped-Blanked	_____	_____	Lifeline(s)	_____	_____
Purge-Flush and Vent	_____	_____	Fire Extinguishers	_____	_____
Mechanical Ventilation	_____	_____	Lighting (Explosive Proof)	_____	_____
Secure Area (Post and Place Barriers)	_____	_____	Protective Clothing	_____	_____
Full Body Harness w/ "D" Ring	_____	_____	Burning and Welding Permit (Hot Work)	_____	_____

**** RECORD CONTINUOUS MONITORING RESULTS EVERY TWO (2) HOURS ****

CONTINUOUS MONITORING RESULTS:	<u>Permissible Entry Levels</u>	Times:	_____	_____	_____	_____	_____	_____	_____
Percent of Oxygen	19.5% to 23.5%		_____	_____	_____	_____	_____	_____	_____
Lower Flammable Limit	Under 10%		_____	_____	_____	_____	_____	_____	_____
Carbon Monoxide	35 PPM		_____	_____	_____	_____	_____	_____	_____
Aromatic Hydrocarbon	^a 1 PPM ^b 5 PPM		_____	_____	_____	_____	_____	_____	_____
Hydrogen Cyanide	(Skin) ^b 4 PPM		_____	_____	_____	_____	_____	_____	_____
Hydrogen Sulfide	^a 10 PPM ^b 15 PPM		_____	_____	_____	_____	_____	_____	_____
Sulfur Dioxide	^a 2 PPM ^b 5 PPM		_____	_____	_____	_____	_____	_____	_____
Ammonia	^b 35 PPM		_____	_____	_____	_____	_____	_____	_____
Other _____	_____		_____	_____	_____	_____	_____	_____	_____

^a Employees can work in the area for 8 hours at this concentration

^b Employee can work in the area up to 15 minutes at this concentration

Gas Tester Name: _____ Instrument Used Model # &/or Type &/or Serial # _____

Name of Attendant _____

Entry Supervisor Name (Printed) _____

All Above Conditions Satisfied (Entry Supervisor Signature) _____

Dept _____ Phone _____ Date _____

**EMERGENCY 911
EH&S 4196**