

# CONFINED SPACE ENTRY PERMIT



DATE of ENTRY: \_\_\_\_\_

Name of Superintendent or Management person I have contacted prior to entry: \_\_\_\_\_

JOB NAME: \_\_\_\_\_ JOB#: \_\_\_\_\_

SPECIFIC WORK AREA: \_\_\_\_\_

TYPE OF MONITOR and SPECIAL EQUIPMENT NEEDED (Ventilator or Respirator): \_\_\_\_\_

NAME or PHONE # of EMERGENCY SERVICES (911): \_\_\_\_\_

Communication Procedure (Phone or Radio): \_\_\_\_\_

Hazards within Space (SDS, Sewer Gases): \_\_\_\_\_

Isolate/Control of Hazards (Ventilate/Lockout): \_\_\_\_\_

Name of Entrant: \_\_\_\_\_ EMP #: \_\_\_\_\_

Name of Attendant/ Supervisor: \_\_\_\_\_ EMP #: \_\_\_\_\_

Start Time: \_\_\_\_\_ Stop Time: \_\_\_\_\_

## LEVELS

	PRE-ENTRY Top Level	PRE-ENTRY Mid Level	PRE-ENTRY Lower Level	DURING WORK
O2	_____	_____	_____	_____
CO	_____	_____	_____	_____
LEL	_____	_____	_____	_____
H2S	_____	_____	_____	_____

## LEVELS

	DURING WORK	DURING WORK	DURING WORK	DURING WORK
O2	_____	_____	_____	_____
CO	_____	_____	_____	_____
LEL	_____	_____	_____	_____
H2S	_____	_____	_____	_____

OVER

**\*\* ALARM LEVELS \*\***

OXYGEN (O<sub>2</sub>) OXYGEN LEVEL IS GREATER THAN 23.5%

OXYGEN LEVEL IS LESS THAN 19.5%

CARBON MONOXIDE (CO) CARBON MONOXIDE LEVEL IS GREATER THAN 35 PPM

COMBUSTIBLE GASES (LEL) COMBUSTIBLE GASES LEVEL IS GREATER THAN 10%

HYDROGEN SULFIDE (H<sub>2</sub>S) HYDROGEN SULFIDE LEVEL IS GREATER THAN 10 PPM

**DETERMINE IF ENTRY IS PERMIT REQUIRED**

1. The determination between a permit required confined space and an Alternate Permit confined space will be made per OR-OSHA guidelines.

A) Alternate permit confined spaces are defined as the space does not have these elements:

1. A hazardous atmosphere
2. A possibility of engulfment
3. A possibility of electrical shock
4. Extreme temperature conditions.
5. We have control of or means to lockout the HAZARD to be able to assure that these conditions can not be introduced.

B) Permit required confined space entry means that the space has the potential of one or more of these elements;

1. Hazardous atmospheres and we do not have control of the entire system to be able to assure that a hazardous atmosphere can not be introduced.
2. A possibility of engulfment
3. A possibility of electrical shock
4. Extreme temperature conditions

**PROCEDURES**

1. CHECKED OUT ALL EQUIPMENT PRIOR TO ENTRY?

**2. CALL YOUR GENERAL SUPERINTENDENT, PM, OR SAFETY PROFESSIONAL PRIOR TO ENTRY FOR APPROVAL**

3. CONFINED SPACE ENTRY PLAN PROPERLY FILLED OUT?

4. ATMOSPHERIC TESTING COMPLETED PRIOR TO ENTRY?

5. VENTILATION SYSTEM IN OPERATION IF REQUIRED?

6. CONTINUOUS AIR MONITORING IN WORK SPACE?

7. RESCUE EQUIPMENT AND PROCEDURES IN OPERATION?

8. ENTRY PERMIT RECORDED AND THEN KEPT ON FILE WITH SAFETY DEPARTMENT?

**The equipment that is required at a minimum is: Retrieval System, Tripod, Harness, Gas Monitor, and if applicable a Ventilation System.**

**TURN IN THIS PERMIT TO THE OFFICE AS SOON AS IT IS COMPLETE**