

CONFINED SPACE ENTRY PERMIT

Equipment #: _____

Description: _____

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This permit must be completed before entering any Vessel, Pit, or Sump for inspection, engineering, or maintenance work. This permit must be displayed prominently at the Vessel, Pit, or Sump during the entire time anyone is, or may be, in the vessel.

This permit authorizes the following as listed below:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

To enter the _____

Located at _____

In the _____ area of the plant.

DESCRIPTION AND PURPOSE OF WORK:

NOTE: This permit is valid for only one shift and must be executed on that shift prior to starting the work.

I, the undersigned, have read this permit and am familiar with, and fully understand, safety equipment and the work to be done.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

I have personally inspected this Vessel, Pit, Sump, or Area and:

Oxygen deficiency tests were made and a reading of _____ % oxygen was noted (19.5% - 23.5%)

Lower explosion limit (LEL) tests were made and a reading of _____ % was recorded.
(Acceptable LEL must be 10% or less)

Permissible exposure limit for hazardous material to be monitored _____ actual test results _____ PPM.

* Consult M.S.D.S. - Use appropriate respirator when required.

Signature of person doing the testing _____

Time _____

Periodic testing must be made and recorded for items listed above - MINIMUM of every TWO hours:

OXYGEN:
LEL:
HAZMAT:

Name _____

Time _____

It is clear of flammable, explosive, corrosive, and toxic materials.

The hazards to guard against are _____

The lockout and tagout procedures and the verification of both have been completed.

The plant emergency squad coordinator, _____, has been notified and fully briefed. The coordinator will be in standby mode until notified by attendant.

Notification procedures

Two-way radio
Portable phone
(System selected must be verified as operational)

Attendant: _____

Adequate ventilation equipment supplied.

I have personally inspected this Vessel, Pit, or Sump and find that the statements listed above are correct as noted.

Signature of Engineer and/or Supervisor: _____

The above has been reviewed by me and found to be adequate.

Signature of Employee Relations: _____

Permission is hereby given to enter the above mentioned Vessel, Pit, or Sump.

Signature: _____ Date: _____

Contractor's name: _____