



# Confined Space Entry Permit

ANY EMERGENCY 845-257-2222

Entry Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ Completion Time: \_\_\_\_\_

Description of Work to be performed: \_\_\_\_\_

### Description of Space

Confined Space Type: (electrical, sewer, HTH etc.): \_\_\_\_\_

Building Name: \_\_\_\_\_

Location of Confined Space \_\_\_\_\_

### Entry Checklist

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Potential Hazards Identified                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Communications Established with Operations Center via radio? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Emergency Procedures Reviewed?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Entrants and Attendants Trained?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Isolation of Energy Completed?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Area Secured?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Emergency Escape Retrieval Equipment Available               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Personal Protective Equipment Used?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Confined Space Equipment and PPE Used During Entry:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Tripod with Mechanical Winch      | <input type="checkbox"/> Air Purifying Respirator           | <input type="checkbox"/> Gloves                             |
| <input type="checkbox"/> Rescue Tripod with Lifeline       | <input type="checkbox"/> Self-Contained Breathing Apparatus | <input type="checkbox"/> Chemical Resistant Clothing        |
| <input type="checkbox"/> Harness                           | <input type="checkbox"/> Steel Toe Boots                    | <input type="checkbox"/> Hearing Protection                 |
| <input type="checkbox"/> Two-Way Communications            | <input type="checkbox"/> Hard Hat                           | <input type="checkbox"/> Other PPE or Equipment Used: _____ |
| <input type="checkbox"/> General/Local Exhaust Ventilation | <input type="checkbox"/> Safety Glasses/Goggles/Face Shield |   |

### Air Monitoring Results Prior to Entry

Monitor Type: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Initial Air Monitoring Results Oxygen \_\_\_\_\_% LEL \_\_\_\_\_% CO \_\_\_\_\_ppm H2S \_\_\_\_\_ppm

Calibration Performed? [ ] Yes [ ] No Initials \_\_\_\_\_

Alarm Conditions? [ ] Yes [ ] No

Monitoring Performed by (sign): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Continuous Air Monitoring Results -Every 15 minutes while entrant is in CS (use back for any additional result entries)

- |            |               |            |             |              |
|------------|---------------|------------|-------------|--------------|
| Time _____ | Oxygen _____% | LEL _____% | CO _____ppm | H2S _____ppm |
| Time _____ | Oxygen _____% | LEL _____% | CO _____ppm | H2S _____ppm |
| Time _____ | Oxygen _____% | LEL _____% | CO _____ppm | H2S _____ppm |
| Time _____ | Oxygen _____% | LEL _____% | CO _____ppm | H2S _____ppm |
| Time _____ | Oxygen _____% | LEL _____% | CO _____ppm | H2S _____ppm |
| Time _____ | Oxygen _____% | LEL _____% | CO _____ppm | H2S _____ppm |
| Time _____ | Oxygen _____% | LEL _____% | CO _____ppm | H2S _____ppm |
| Time _____ | Oxygen _____% | LEL _____% | CO _____ppm | H2S _____ppm |

### Authorization

We have reviewed the work authorized by this permit and the information contained herein. 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. This permit is to be kept at the job site. Return site copy to supervisor and EHS.

Entrant's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attendant's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Entry Supervisor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Call for EMERGENCIES 257-2222