CONFINED SPACE ENTRY PERMIT

This permit must be completed prior to entry into the confined space. Entry cannot be performed if any boxes are marked "No." This permit is valid <u>for 8 hours only</u>.

Date of entry: Location: Type of space:										
Location: Type of space:										
Equipment to be worked on:										
Work to be performed:Anticipated time needed to complete work:										
Anti	Anticipated Harzards									
Entr	Anticipated Harzards:									
Entry personnel:										
Aller	ildaints									
1.	Atmospheric checks:	Ovygen		0/0	O_2	Acceptable conditions 19.5 % to 23.5 %				
1.	Atmospheric cheeks.	Explosive	% L.F.L. ppm		U2 IFI	10% I F I /I F I				
		Toxic			0-35 ppm Carbon Monovide			vide		
		TOXIC			0-10 ppm Hydrogen Sulfide					
	Atmospheric Tester's Initials:				Time:	o to ppin	iryuroş	gen bun	lide	
2.	Isolation of pumps/line	es:	N/A	Yes	No –					
	Pumps or lines block		()	()	()					
	blinked, or disconne	cted			~ /					
3.	Ventilation:		N/A	Yes	No					
	Mechanical		()	()	()					
	Natural ventilation o	nly	()	()	()					
4.	Mechanical()()Natural ventilation only()()Hot work permit required()()									
5.	Atmospheric checks after isolation and ventilation, if applicable:									
	Oxygen: $% O_2$									
	Explosive:% L.E.L									
	Toxic:PPM									
6.	Communication procedures:									
7.	Lockout procedures, if applicable:									
8.	Entrant(s), attendant(s), and rescue personnel (if applicable) have Yes No								No	
	successfully completed required training. () (()	
9.	Equipment: N/A Yes No								No	
	Direct reading sampling device which is properly calibrated () () ()								()	
	Safety harnesses and lifelines for entrants and attendants () () ()								()	
	Mechanical retrieval/hosting equipment () () ()								()	
	Communication equipr	nent					()	()	()	
	SCBA or Type C air line respirator								()	
	Personal protective equipment and clothing () () ()									
	Electrical equipment/Lighting/Non sparking Tools()Traffic barriers/entrance covers()								()	
	I raific barriers/entranc					()	()	()		
I have reviewed the work authorized by this permit and the information pertaining to each item.										
	ty procedures have been								*	

Entry Supervisor:

Date: