

## Appendix D to §1910.146 -- Sample Permits

Appendix D-1

Confined Space Entry Permit

Date and Time Issued: \_\_\_\_\_ Date and Time Expires: \_\_\_\_\_

Job site/Space I.D.: \_\_\_\_\_ Job Supervisor: \_\_\_\_\_

Equipment to be worked on: \_\_\_\_\_ Work to be performed: \_\_\_\_\_

Stand-by personnel: \_\_\_\_\_

1. Atmospheric Checks: Time \_\_\_\_\_  
 Oxygen \_\_\_\_\_ %  
 Explosive \_\_\_\_\_ % L.F.L.  
 Toxic \_\_\_\_\_ PPM

2. Tester's signature: \_\_\_\_\_

3. Source isolation (No Entry): N/A Yes No  
 Pumps or lines blinded, ( ) ( ) ( )  
 disconnected, or blocked ( ) ( ) ( )

4. Ventilation Modification: N/A Yes No  
 Mechanical ( ) ( ) ( )  
 Natural Ventilation only ( ) ( ) ( )

5. Atmospheric check after isolation and Ventilation:  
 Oxygen \_\_\_\_\_ % > 19.5 %  
 Explosive \_\_\_\_\_ % L.F.L. < 10 %  
 Toxic \_\_\_\_\_ PPM < 10 PPM H(2)S  
 Time \_\_\_\_\_  
 Testers signature: \_\_\_\_\_

6. Communication procedures: \_\_\_\_\_

7. Rescue procedures: \_\_\_\_\_

8. Entry, standby, and back up persons: Yes No  
 Successfully completed required training? ( ) ( )  
 Is it current? ( ) ( )

9. Equipment: N/A Yes No  
 Direct reading gas monitor - tested ( ) ( ) ( )  
 Safety harnesses and lifelines for entry and standby persons ( ) ( ) ( )  
 Hoisting equipment ( ) ( ) ( )  
 Powered communications ( ) ( ) ( )  
 SCBA's for entry and standby persons ( ) ( ) ( )  
 Protective Clothing ( ) ( ) ( )

All electric equipment listed  
 Class I, Division I, Group D  
 and Non-sparking tools

( ) ( ) ( )

10. Periodic atmospheric tests:

Oxygen	_____%	Time _____	Oxygen	_____%	Time _____
Oxygen	_____%	Time _____	Oxygen	_____%	Time _____
Explosive	_____%	Time _____	Explosive	_____%	Time _____
Explosive	_____%	Time _____	Explosive	_____%	Time _____
Toxic	_____%	Time _____	Toxic	_____%	Time _____
Toxic	_____%	Time _____	Toxic	_____%	Time _____

We have reviewed the work authorized by this permit and the information contained here-in. 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.

Permit Prepared By:

(Supervisor) \_\_\_\_\_

Approved By: (Unit Supervisor) \_\_\_\_\_

Reviewed By (Cs Operations Personnel) :

\_\_\_\_\_  
 \_\_\_\_\_  
 (printed name)

(signature)

This permit to be kept at job site. Return job site copy to Safety Office following job completion.

Copies: White Original (Safety Office)  
 Yellow (Unit Supervisor)  
 Hard(Job site)

Appendix D - 2

ENTRY PERMIT

PERMIT VALID FOR 8 HOURS ONLY. ALL COPIES OF PERMIT WILL REMAIN AT JOB SITE UNTIL JOB IS COMPLETED

DATE: - - SITE LOCATION and DESCRIPTION \_\_\_\_\_

PURPOSE OF ENTRY \_\_\_\_\_

SUPERVISOR(S) in charge of crews Type of Crew Phone # \_\_\_\_\_

COMMUNICATION PROCEDURES \_\_\_\_\_

RESCUE PROCEDURES (PHONE NUMBERS AT BOTTOM) \_\_\_\_\_

\* BOLD DENOTES MINIMUM REQUIREMENTS TO BE COMPLETED AND REVIEWED PRIOR TO ENTRY\*

REQUIREMENTS COMPLETED	DATE	TIME
Lock Out/De-energize/Try-out	_____	_____
Line(s) Broken-Capped-Blanked	_____	_____
Purge-Flush and Vent	_____	_____
Ventilation	_____	_____

Secure Area (Post and Flag) \_\_\_\_\_

Breathing Apparatus \_\_\_\_\_

Resuscitator - Inhalator \_\_\_\_\_

Standby Safety Personnel \_\_\_\_\_

Full Body Harness w/"D" ring \_\_\_\_\_

Emergency Escape Retrieval Equip \_\_\_\_\_

Lifelines \_\_\_\_\_

Fire Extinguishers \_\_\_\_\_

Lighting (Explosive Proof) \_\_\_\_\_

Protective Clothing \_\_\_\_\_

Respirator(s) (Air Purifying) \_\_\_\_\_

Burning and Welding Permit \_\_\_\_\_

Note: Items that do not apply enter N/A in the blank.

**\*\*RECORD CONTINUOUS MONITORING RESULTS EVERY 2 HOURS**

CONTINUOUS MONITORING\*\* Permissible \_\_\_\_\_

TEST(S) TO BE TAKEN Entry Level \_\_\_\_\_

PERCENT OF OXYGEN 19.5% to 23.5% \_\_\_\_\_

LOWER FLAMMABLE LIMIT Under 10% \_\_\_\_\_

CARBON MONOXIDE +35 PPM \_\_\_\_\_

Aromatic Hydrocarbon + 1 PPM \* 5PPM \_\_\_\_\_

Hydrogen Cyanide (Skin) \* 4PPM \_\_\_\_\_

Hydrogen Sulfide +10 PPM \*15PPM \_\_\_\_\_

Sulfur Dioxide + 2 PPM \* 5PPM \_\_\_\_\_

Ammonia \*35PPM \_\_\_\_\_

\* Short-term exposure limit: Employee can work in the area up to 15 minutes.

+ 8 hr. Time Weighted Avg.: Employee can work in area 8 hrs (longer with appropriate respiratory protection).

REMARKS:

GAS TESTER NAME & CHECK #	INSTRUMENT (S) USED	MODEL &/OR TYPE	SERIAL &/OR UNIT #
_____	_____	_____	_____
_____	_____	_____	_____

SAFETY STANDBY PERSON IS REQUIRED FOR ALL CONFINED SPACE WORK

SAFETY STANDBY PERSON (S)	CHECK #	CONFINED SPACE ENTRANT (S)	CHECK #	CONFINED SPACE ENTRANT (S)	CHECK #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SUPERVISOR AUTHORIZING - ALL CONDITIONS SATISFIED \_\_\_\_\_

DEPARTMENT/PHONE \_\_\_\_\_

AMBULANCE 2800 FIRE 2900 Safety 4901 Gas Coordinator 4529/5387

[58 FR 4549, Jan. 14, 1993; 58 FR 34846, June 29, 1993]