



CONFINED SPACE ENTRY PERMIT
 Confined Space Entry Program, Appendix C

PERMIT No. _____

CONFINED SPACE IDENTIFICATION
 Section to be completed at the direction of the Equipment Owner or Entry Supervisor

Identification	Facility / Area:		Duration	Valid 1 shift up to 12 hours maximum		Work	Work Order #	
	Location:			Date:			Issued To:	
	Vessel or Equip. Name			Start Time:			Work To Be Performed:	
				End Time:				

ACCEPTABLE ENTRY CONDITIONS

Section to be completed by the Equipment Owner or Entry Supervisor and reviewed by the Work Group Representative			Field Verification																																																																																												
			Y	N	N/A																																																																																										
Lockout / Isolation	1.	Entry is being performed by personnel familiar with plant operations and trained in Confined Space Entry? IF YOU CANNOT ANSWER YES, STOP PERMIT PROCEDURE.	<input type="checkbox"/>	<input type="checkbox"/>																																																																																											
	2.	List all equipment de-energized and locked out or attach the specific procedure:	<input type="checkbox"/>		<input type="checkbox"/>																																																																																										
	3.	Control room and remote start / stop switches tried? Print names of personnel who tried remote and/or control room start / stop switches: Equipment Owner: _____ Work Group Representative: _____	<input type="checkbox"/>		<input type="checkbox"/>																																																																																										
	4.	Mechanical equipment is secured, blocked, to prevent movement?	<input type="checkbox"/>		<input type="checkbox"/>																																																																																										
	5.	Material lines and material flows (granular materials, rock, rock slurry, etc.) are secured?	<input type="checkbox"/>		<input type="checkbox"/>																																																																																										
	6.	Radioactive sources have been secured by qualified personnel?	<input type="checkbox"/>		<input type="checkbox"/>																																																																																										
	7.	Hazardous Material lines are secured with (select one of the following): <input type="checkbox"/> Disconnected <input type="checkbox"/> Double block/bleed <input type="checkbox"/> Blinded <input type="checkbox"/> Other _____	<input type="checkbox"/>		<input type="checkbox"/>																																																																																										
Haz mat	8.	Confined Space cleaned of all hazardous materials?	<input type="checkbox"/>	<input type="checkbox"/>																																																																																											
	9.	If not, what does it contain? Dangerous overhead buildup removed or other precautions taken to protect entrants? If no, obtain additional approval from site EHS and document mitigating actions.	<input type="checkbox"/>	<input type="checkbox"/>																																																																																											
Additional Precautions	10.	Openings are physically guarded to prevent people / foreign objects falling into the Confined Space?	<input type="checkbox"/>		<input type="checkbox"/>																																																																																										
	11.	Precautions are taken to protect any fall hazards that may be created during the work in the Confined Space?	<input type="checkbox"/>		<input type="checkbox"/>																																																																																										
	12.	Confined space manways or openings that are intended for entry / exit are identified and unobstructed?	<input type="checkbox"/>																																																																																												
	13.	Lighting is adequate for work being performed?	<input type="checkbox"/>																																																																																												
	14.	Lighting & electrical equipment are either low voltage or protected by ground fault protectors?	<input type="checkbox"/>		<input type="checkbox"/>																																																																																										
	15.	Heat Stress potential has been evaluated and controlled as necessary to ensure vessel temperature is below 120F?	<input type="checkbox"/>		<input type="checkbox"/>																																																																																										
	16.	Natural ventilation is adequate for the type of work to be performed or adequate mechanical ventilation provided?	<input type="checkbox"/>																																																																																												
	17.	Scaffolding constructed specifically for task provides safe access and has current inspection on the scaffold tag?	<input type="checkbox"/>		<input type="checkbox"/>																																																																																										
	18.	Flammable/combustible materials used during work are controlled to prevent hot work exposure? (Barricade/Signs/Attendant)	<input type="checkbox"/>		<input type="checkbox"/>																																																																																										
	19.	Health risk and precautions associated with hazardous materials (e.g. lead, Hex Cr., asbestos, etc.) have been identified and addressed? If no, obtain additional approval from site EHS and document mitigating actions.	<input type="checkbox"/>	<input type="checkbox"/>																																																																																											
Hot Work <input type="checkbox"/> NA <input type="checkbox"/> Check applicable box	21.	Is hot work to be performed in the confined space? If yes, complete hot work questions below. Verify area within 35 ft of routine hot work, including cracks, openings and holes where sparks may ignite materials, has been inspected, evaluated, and proper controls in place for fire risk? Fire protection equipment at the work site is adequate to handle emergencies or additional equipment is provided? List equipment available: <input type="checkbox"/> High Risk Hot Work – Extended Fire Watch Required? <input type="checkbox"/> Continuous fire watch posted, instructed in duties and required to remain at job site during the work and for 60 mins after completion of the activity? <input type="checkbox"/> 60-minute intermittent monitoring completed? Fire Watch name and signature _____ If hot work is elevated, verify area within 50 feet horizontally and 5 feet vertically including cracks, openings and holes where sparks may ignite materials, has been inspected, evaluated, and proper controls in place for fire risk. Verify area has been evaluated for precautions to be taken such as relocating, shielding, covering, shutting down, or wetting down including all conditions listed below: <div> <div> • Walls, ceilings, floors or partitions having combustible construction or coverings • Combustible materials on floors • All combustible or flammable vapors or gases </div> <div> • Ducts or conveyors that may convey sparks to other locations • Metal material or pipes that may transmit heat • Prohibited areas </div> </div>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																											
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PPE	22.	Is additional PPE required to protect the entrants from hazards? Identify the additional PPE: <div> <input type="checkbox"/> fall protection <input type="checkbox"/> respiratory protection <input type="checkbox"/> acid gloves <input type="checkbox"/> full acid suit (level "B") <input type="checkbox"/> mono-goggles <input type="checkbox"/> burning / welding gear <input type="checkbox"/> acid jacket <input type="checkbox"/> encapsulated hood <input type="checkbox"/> face shields <input type="checkbox"/> rubber boots <input type="checkbox"/> acid pants <input type="checkbox"/> other _____ <input type="checkbox"/> cooling vest <input type="checkbox"/> full acid suit <input type="checkbox"/> hi temp acid suit (HRS) <input type="checkbox"/> other _____ </div>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																											
Atmospheric Testing	23.	Initial atmospheric testing has been completed and levels are acceptable (per table below)? (NOTE: Initial atmospheric testing is required before entry into confined space.) Is continuous atmospheric testing required to ensure safe levels? Reference Appendix D for guidelines.	<input type="checkbox"/>																																																																																												
		Instrument serial no.: _____ Calibration current: <input type="checkbox"/> YES <input type="checkbox"/> NO Functional Test: <input type="checkbox"/> Passed																																																																																													
		<table> <tr> <th>Contaminant</th> <th>Acceptable range</th> <th>Tests Needed</th> <th>Reading / time</th> <th>Reading / time</th> <th>Reading / time</th> <th>Reading / time</th> <th>Reading / time</th> <th>Reading / time</th> </tr> <tr> <td>oxygen (O₂)</td> <td>19.5 –23.5%</td> <td>Required</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>flammable / combustible</td> <td>Less than 10% LEL</td> <td>Required</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ammonia (NH₃)</td> <td>25 PPM max.</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>carbon monoxide (CO)</td> <td>35 PPM max.</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>hydrogen sulfide (H₂S)</td> <td>10 PPM max.</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>sulfur dioxide (SO₂)</td> <td>2 PPM max.</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>nitrogen dioxide (NO₂)</td> <td>1 PPM max.</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other: _____</td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3">Atmosphere tested by (initial all tests): _____</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Contaminant	Acceptable range	Tests Needed	Reading / time	Reading / time	Reading / time	Reading / time	Reading / time	Reading / time	oxygen (O ₂)	19.5 –23.5%	Required							flammable / combustible	Less than 10% LEL	Required							ammonia (NH ₃)	25 PPM max.	<input type="checkbox"/>							carbon monoxide (CO)	35 PPM max.	<input type="checkbox"/>							hydrogen sulfide (H ₂ S)	10 PPM max.	<input type="checkbox"/>							sulfur dioxide (SO ₂)	2 PPM max.	<input type="checkbox"/>							nitrogen dioxide (NO ₂)	1 PPM max.	<input type="checkbox"/>							Other: _____		<input type="checkbox"/>							Atmosphere tested by (initial all tests): _____											
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My signature means that I have personally inspected and/or verified all items in the Confined Space Identification and Acceptable Entry Conditions sections above and that all specified precautions are complete.

Equipment Owner or Entry Supervisor (Print Name and Initial)
 Work Group Representative (Print Name and Initial)



CONFINED SPACE ENTRY PERMIT
 Confined Space Entry Program, Appendix C

PERMIT No. _____

RESCUE
Section to be completed by Entry Supervisor

Identify name of person to call:	Identify number to call:	
Rescue services are identified and available?	<input type="checkbox"/> Yes	
Rescue equipment is available or by the confined space for IDLH potential?	<input type="checkbox"/> Yes	
Mechanical retrieval devices are readily available in the immediate area for 5 foot or greater vertical entry?	<input type="checkbox"/> Yes	
Lifelines used and attached to a point outside the confined space? If not, why not? (NOTE: Harnesses are required to be worn.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OTHER REQUIRED PERMITS
Section to be completed by Entry Supervisor

Are other permits required to perform work in Confined Space?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, attach and list other required permits:		

ADDITIONAL ENTRY APPROVALS

Does the Matrix for Final Safety Approval require additional approvals for work to be performed under this Permit
 ☐ Yes
 ☐ No
 Entry Supervisor is responsible for obtaining approval as per the Approval Matrix prior to commencing work.

☐ Verbal
 ☐ In person

☐ Verbal
 ☐ In person

Approver per the Approval Matrix
 Time
 Approver per the Approval Matrix
 Time

ENTRY AUTHORIZATION
Section to be completed by Entry Supervisor

The initial atmosphere tests are in the acceptable range	<input type="checkbox"/> Yes	
Pre-job planning meeting between all workers has occurred	<input type="checkbox"/>	
Attendant has been provided with _____ communication equipment and instructed in duties	<input type="checkbox"/>	
Print Attendant's Name: Dept:		

My signature means that I have personally inspected or verified all items and that acceptable conditions have been met and entry is authorized.

Entry Supervisor (Print Name & Signature)	Work Group Representative (Print Name & Signature)
Entry Supervisor – Transferred Ownership (Print Name & Signature)	Work Group Representative – Transferred Ownership (Print Name & Signature)

AUTHORIZED ENTRANTS
All entrants must complete this section and review permit and special precautions before entry.

<u>Print Authorized Entrant Name</u>	<u>Time Entered</u>	<u>Time Exited</u>	<u>Print Authorized Entrant Name</u>	<u>Time Entered</u>	<u>Time Exited</u>

WORK COMPLETE (or Permit Cancelled)
Section to be completed by Entry Supervisor & Work Group Representative

☐ **PERMIT HAS BEEN CANCELLED** for failure to maintain Acceptable Entry Conditions
☐ **WORK HAS BEEN COMPLETED** and the confined space is safe to return to service
☐ **WORK IS NOT COMPLETE** and barricades or signs / tags are in place to prevent unauthorized Entry into Confined Spaces
 Were any problems encountered with the Confined Space Entry during the entry?
 ☐ Yes
 ☐ No
 Please describe:

Entry Supervisor (Print Name and Signature)
 Work Group Representative (Print Name and Signature)

Completed permit must be returned to Control Room or Area Owner