

Appendix D-1 to §1910.146 - Confined Space Entry Permit

Confined Space Entry Permit:

_____ / _____ / _____ a.m. p.m. _____ / _____ / _____ a.m. p.m.
Date Issued Time Issued Date Expires 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: _____:_____:_____ a.m. p.m.
Oxygen: _____ % Explosive: _____ % L.F.L. Toxic: _____ PPM

2. Tester's Signature: _____

3. Source Isolation (No Entry): N/A Yes No 4. Ventilation Modification: N/A Yes No

Pumps or lines blinded, disconnected, or blocked Mechanical Natural Ventilation Only

5. Atmospheric Check After Isolation And Ventilation:

Oxygen: _____ % > 19.5%
Explosive: _____ % L.F.L. < 10%
Toxic: _____ PPM < 10 PPM H2S
Time: _____:_____:_____ a.m. p.m.

Tester's 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

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: _____:_____:_____ a.m. p.m.
Explosive: _____ % Time: _____:_____:_____ a.m. p.m.
Toxic: _____ % Time: _____:_____:_____ a.m. p.m.

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.

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)