

§5157 Appendix D-2 - Entry Permit

Entry Permit:

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

____ / ____ / ____ SITE LOCATION AND DESCRIPTION _____
 DATE

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	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Line(s) Broken-Capped-Blanked	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Purge-Flush and Vent	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Ventilation	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Secure Area (Post and Flag)	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Breathing Apparatus	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Resuscitator - Inhalator	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Standby Safety Personnel	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Full Body Harness w/ "D" ring	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Emergency Escape Retrieval Equipment	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Lifelines	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Fire Extinguishers	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Lighting (Explosive Proof)	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Protective Clothing	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Respirator(s) (Air Purifying)	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Burning and Welding Permit	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

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

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

CONTINUOUS MONITORING TEST(S) TO BE TAKEN	PERMISSIBLE ENTRY LEVEL	MONITORING RESULTS EVERY 2 HOURS			
PERCENT OF OXYGEN	19.5% TO 23.5%	_____	_____	_____	_____
LOWER FLAMMABLE LIMIT	Under 10%	_____	_____	_____	_____
CARBON MONOXIDE	35 PPM*	_____	_____	_____	_____
Aromatic Hydrocarbon	1 PPM - 5 PPM	_____	_____	_____	_____
Hydrogen Cyanide	4.7 PPM* (S)	_____	_____	_____	_____
Hydrogen Sulfide	10 PPM+ 15 PPM*	_____	_____	_____	_____
Sulfur Dioxide	2 PPM+ 5 PPM*	_____	_____	_____	_____
Ammonia	25 PPM 35 PPM*	_____	_____	_____	_____

* 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 #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SUPERVISOR AUTHORIZATION - ALL CONDITIONS SATISFIED: _____

DEPARTMENT: _____

PHONE: (____) _____ - _____

AMBULANCE# _____ FIRE# _____ SAFETY OFF# _____ GAS COORDINATOR# _____