CONFINED SPACE GENERAL INFORMATION: Peri					Pern	nit Number:							
Date: Equ						Equi	oment Number:						
Time Issued: Valid							I Until:						
Confined Space Description and Location:													
Pur	pose	of Entry:											
PERMIT SPACE HAZARDS (check all that apply): (itemize Control Mack)						lethods o	on						
Oxygen Deficiency (< 19.5%)				Oxygen Enrichment (>23.5%)			5%)		Conne	Connected Pipe Lines			
	Flamr	ammable Gases or Vapors Toxic Gases or Vapors					PEL)		Cooling Water				
		rne Combustible Dust	Mechanical Hazards					Condensate					
	(111001	Electrical Shock							Instrument Lines				
		rials Harmful to Skin osive, skin absorbed)	ulfment	Electrica				ctrical Circuits					
	(00110	orve, emir assersed,		Hot/	/Corrosive				Lines to Jackets, Coils				
	Pre-o	pening Hazards		Hea	t/Cold Stress				Radiation Devices				
	Noise			Poo	r Lighting				Snakes/Rodents				
	Slipping/Tripping Insects/Spiders/Wasps/					sps/Et	C.	SDS Needed? Yes No			No		
Potential for disturbance of asbestos or presumed asbestos containing material					stos		Oth	ner:					
MANDATORY PREPARATIONS FOR ENTRY (check after						-	AUTH or atta			NTRANTS	/ATTENDAN	ITS (list name	
completion): [] Notification of affected departments of service interruption						tion	I understand entrant/attendant responsibilities						
Control Methods: Check all that apply. (Ite							and have reviewed required precautions.						
thai	than one) [] Lockout/Tagout						Print Entrant Name			Namo	Entrant Signature		
	' '					. ,	<u> </u>	Find Entrant Name Entrant Sign			<u>Signature</u>		
		(at energy source only a minim	um)	[]	Atmospheric T	est							
	[]	Blank/Blind/Disconnect		[]	Barriers								
	[]	Purge/Clean		[]	Other:								
Personal Awareness: Check all that apply.													
	[]	Pre-entry Briefing (specif	ic ha	azard	ls/control metho	ods)							
	[] Notify Entrants of Permit/Hazard Conditions												

[]	Other:				Print Attendant	Name	Attendant Signature				
itiona y.	ı al permits requ	uired and	l/or attached: Ch	neck all that							
[]	LOTO	[]									
[] Retrieval System provided											
ficat	tions: (Initials	require	d)								
] [] Fire De	epartme	nt (Dispatch)								
] [1										
] [1										
Communication Instructions: For Emergency Assistance CALL Dispatch by phone (must be at ocation).											
D . 1	veen attendant	ts and er	ntrants:								
Betw	2. Note! Only authorized Fire Department rescue team members are permitted to make entry rescues.										
	! Only autho			escue team men	nbers are permitte	d to mak	e entry rescues.				
		orized Fi	re Department r				-				
Note		orized Fi	re Department r	d and/or availabl	e: Check those the Protective Clothing Retrieval System	at are re	-				
Note Exti Bod	E c	orized Fi	re Department rotted t to be provided Lifelines Personal Proted	d and/or availabl	e: Check those the	at are re	quired.				
Note Exti Bod	Edinguisher ly Harness	orized Fi	re Department rotted t to be provided Lifelines Personal Proted	d and/or availabl	e: Check those the	at are re	quired.				
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Note Exti Bod	Edinguisher ly Harness	orized Fi	re Department rotted t to be provided Lifelines Personal Proted	d and/or availabl	e: Check those the	at are re	quired.				
	y. Ret ficat	tional permits requive. [] LOTO Retrieval System fications: (Initials re After Entry] [] Fire December [] [] [] [] [] [] [] [] [] [tional permits required and y. [] LOTO [] Retrieval System provided fications: (Initials required Entry	tional permits required and/or attached: Cry. [] LOTO	tional permits required and/or attached: Check all that y. [] LOTO [] Retrieval System provided fications: (Initials required) re After Entry] [] Fire Department (Dispatch)] [] nmunication Instructions: For Emergency Assistance CAL	tional permits required and/or attached: Check all that y. [] LOTO	tional permits required and/or attached: Check all that y. [] LOTO [] Retrieval System provided fications: (Initials required) re After Entry] [] Fire Department (Dispatch)] [] nmunication Instructions: For Emergency Assistance CALL Dispatch by g				

INSTRUMENT (ATMOSPHERIC) INFORMATION							S	Signature of Calibrator:					
Instru	ment Name/M	lodel:											
Serial or Equipment No.:							D	Date:				Time:	
Results of Calibration:													
O ₂ % LFL				% CO			ppm			H ₂ S		ppm	
MONI	TOR ATMOS	NUOUS	•				<u> </u>						
FREQUENCY OF RECORDING [] Ho] Hou	ırly	[]	Other (speci	fy)			
	TESTING Accepta			Time:	•	Ti	me:	•	Time:	7	Time:		Time:
RECORD		Con	Conditions		Result		Resu	ult	Resul	Result Res		sult	Result
Oxygen 19.5		19.5 -	- 23.5%										
Flamn	nability	10%	6 LFL										
H ₂ S		10 ppm											
СО		35 ppm											
Heat (specify)												
Other	(specify)												
Tester	r Initials												
Itemiz	e each contro	ol meth	od identi	fied in th	ne l	PERM	1IT S	PACI	E HAZAR	DS s	ectio	n:	
Permit Space Hazard								С	ontro	ol Me	thod		

ENTRANT DEBRIEFING (Mandatory):Any hazard confronted or created during entry operations? Yes No Explanation:

AUTHORI	ZATIC	N							
I certify that this Confine			een t	aken and necessary equ	uipment is provided for safe enti	ry and work in			
- · · ·				Printed Name	Signature	Date			
	∟ntry	Supervisor							
TERMINA'	TION	OF PERMIT:		Printed Name	Signature	Date			
	Entry	Supervisor							
Reason: [] Job Completed				Other:					
i Neason.	ГЛ	•							
Neason.	LJ								

NOTE! Completed permits shall be retained a minimum of 5 years plus current year.