

Attachment D CONFINED SPACE ENTRY PERMIT

ANY CHANGE IN THE CONFINED SPACES ENVIRONMENT, OR A LACK OF OCCUPANCY, SHALL REQUIRED NEW MONITORING PRIOR TO THE RE-COMMENCEMENT OF WORK.

SPACE TO BE ENTERED
PURPOSE OF THE ENTRY
DATE PERMIT ISSUED
AUTHORIZED DURATION OF PERMIT
PRINT NAME OF ENTRY SUPERVISOR

CARBON VESSELS
REMOVE CARBON
12/15/15-48 12-17-15
48 HOURS
JOHN BILLIARD / ALEX

SPACE HAZARDS	YES	NO	POTENTIAL	YES	NO
ATMOSPHERIC		X	FALLS FROM HEIGHT	X	
MECHANICAL	X		HEAT		X
ELECTRICAL		X	ADJACENT WORK		X
CHEMICAL		X	WORK BEING PERFORMED		X
ENGULFMENT	X		CONFIGURATION		X
NOISE		X	OTHER		X

HAZARD CONTROLS	YES	NO		YES	NO
LOTO	X		CLEANING AND PURGING	X	
BLANKING OR HAZARD ELIMINATION		X	ADDITIONAL WORK PERMITS		X
NATURAL VENTILATION	X		CONTINUOUS AIR MONITORING		X
MECHANICAL VENTILATION	X		OTHER		X

EQUIPMENT NEEDED	YES	NO		YES	NO
GLOVES	X		AIR MONITOR	X	
PROTECTIVE CLOTHING	X		AIR BLOWER	X	
SAFETY SHOES/BOOTS	X		FLOOD LIGHTS / FLASHLIGHTS		X
HARD HAT		X	RADIOS / CELL PHONE	X	
SAFETY GLASSES/GOGGLES/ FACE SHIELD	X		GFCI		X
LADDER	X		EYE WASH/SHOWER ACCESS	X	
FIRE EXTINGUISHER		X	OTHER		
FIRE BLANKETS/SHIELD		X	OTHER		

ATMOSPHERIC TESTING

MONITORING EQUIPMENT USED
MONITOR CALIBRATION DATE
PERSON PERFORMING TESTS (PRINT NAME)
PERSON PERFORMING TEST (SIGNATURE)

MINI RAE / MULTI RAE
12/15/15
LEVOQUA CREW

	SAFE OPER. LIMIT	TESTING TIME / RESULTS	TESTING TIME / RESULTS
OXYGEN (O2)	19.5 - 23.5%	4:00pm 20.9	
LOWER FLAMMABILITY LIMIT	< 10%	4:00pm 0	
CARBON MONOXIDE	< 25 PPM	4:00pm 0	
OTHER		0	

ENTRY PERSONNEL

NAME(S) OF ENTRANTS	CS TRAINING DATE	NAME(S) OF ATTENDANTS	CS TRAINING DATE
<u>CHARLIE RAMOS</u>	<u>12/18/15</u>	<u>ABE ESPINDOSA</u>	<u>12/18/15</u>
		<u>Alex COX</u>	<u>"</u>
			<u>"</u>

ALTERNATE ENTRY PROCEDURE

ALL INFORMATION REQUIRED ABOVE THIS SECTION MUST BE COMPLETED BEFORE REVIEWING A PERMIT SPACE FOR THE ALTERNATE ENTRY.

DOES SPACE ONLY HAVE ATMOSPHERIC HAZARDS?	YES	<u>NO</u>	IF YES, CONTINUE TO NEXT QUESTION. IF NO, MOVE TO RECLASSIFICATION PROCEDURE
IS CONTINUOUS FORCE AIR VENTILATION ADEQUATE?	<u>YES</u>	NO	IF YES, CONTINUE TO NEXT QUESTION. IF NO, MOVE TO PERMIT SPACE PROCEDURE.
IS AIR SUPPLY FOR VENTILATION FROM A CLEAN SOURCE?	<u>YES</u>	NO	IF YES, CONTINUE TO NEXT QUESTION. IF NO, MOVE TO PERMIT SPACE PROCEDURE.
CAN TESTING BE CONDUCTED FROM OUTSIDE THE SPACE?	<u>YES</u>	NO	IF YES, CONTINUE TO NEXT QUESTION. IF NO, MOVE TO PERMIT SPACE PROCEDURE.
HAS TESTING CONFIRMED HAZARD IS CONTROLLED?	<u>YES</u>	NO	IF YES, CONTINUE TO NEXT QUESTION. IF NO, MOVE TO RECLASSIFICATION PROCEDURE
WILL PERIODIC ATMOSPHERIC TESTING OCCUR?	<u>YES</u>	NO	IF YES, ENTRY SUPERVISOR SIGNS AND WORK BEGINS, IF NO MOVE TO PERMIT SPACE PROCEDURE

BY SIGNING BELOW, I UNDERSTAND THE REQUIREMENTS FOR AN ALTERNATE ENTRY AND HAVE VERIFIED THEY HAVE BEEN ACHIEVED. I ALSO UNDERSTAND THAT NO ATTENDANT OF OTHER CONTROLS ARE REQUIRED FOR THIS SPACE AND ALL INFORMATION ON THIS ENTRY PERMIT HAS BEEN REVIEWED WITH THE ENTRANT(S).

SIGNATURE OF ENTRY SUPERVISOR: _____

IF ALTERNATE ENTRY PROCEDURE USED, STOP FILLING OUT ENTRY PERMIT HERE

RECLASSIFICATION PROCEDURE

ALL INFORMATION REQUIRED ABOVE THIS SECTION MUST BE COMPLETED BEFORE REVIEWING A PERMIT SPACE FOR RE-CLASSIFICATION

CAN HAZARDS BE ELIMINATED FROM OUTSIDE THE SPACE? YES NO IF YES, CONTINUE TO NEXT QUESTION. IF NO, MOVE TO PERMIT SPACE PROCEDURE
 HAVE ALL HAZARDS BEEN ELIMINATED? YES NO IF YES, CONTINUE TO NEXT QUESTION. IF NO, MOVE TO PERMIT SPACE PROCEDURE
 FORCED AIR VENTILATION IS NOT NEEDED? YES NO IF YES, ENTRY SUPERVISOR SIGNS BELOW AND WORK BEGINS. IF NO, MOVE TO PERMIT SPACE PROC.

BY SIGNING BELOW, I UNDERSTAND THE REQUIREMENTS FOR A RECLASSIFICATION OF A PERMIT SPACE AND HAVE VERIFIED THEY HAVE BEEN ACHIEVED. I ALSO UNDERSTAND THAT ATTENDANT OR OTHER CONTROLS ARE REQUIRED FOR THIS SPACE AND ALL INFORMATION LISTED ON THIS ENTRY PERMIT HAS BEEN REVIEWED WITH THE ENTRANT(S).

SIGNATURE OF ENTRY SUPERVISOR: _____

IF RECLASSIFICATION PROCEDURE USED, STOP FILLING OUT ENTRY PERMIT HERE

PERMIT SPACE PROCEDURE

ALL INFORMATION REQUIRED ABOVE THIS SECTION MUST BE COMPLETED PRIOR TO COMPLETING PERMIT SPACE PROCEDURES

SPACE HAZARDS COULD RESULT IN A?	YES	NO		YES	NO
FALL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DISABLING INJURY THAT COULD PREVENT SELF RESCUE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AMPUTATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PERMANENTLY DISABLING INJURY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SUFFOCATION/ASPHYXIATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DEATH	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ELECTROCUTION	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

IF YOU ANSWER YES TO ANY OF THESE THEN 4 MINUTE RESCUE RESPONSE IS REQUIRED

RESCUE PREPARATIONS	YES	NO		YES	NO
OUTSIDE RESPONSE PROVIDER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RESCUE ON STAND-BY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RESCUE TEAM ON SITE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RESCUE BY <u>EVOQUA</u>	<input type="checkbox"/>	<input type="checkbox"/>

RESCUE EQUIPMENT	YES	NO		YES	NO
LIFELINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FIRE EXTINGUISHER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FULL BODY HARNESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ESCAPE RESPIRATOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ANKLETS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CARTRIDGE RESPIRATOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WRISTLETS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AIR SUPPLIED RESPIRATOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WINCH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SCBA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TRIPOD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OTHER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
RADIOS / CELL PHONE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	<input type="checkbox"/>

COMMUNICATION MEANS BETWEEN ENTRANT/ATTENDANT: RADIO / VISUAL

EMERGENCY CONTACT NUMBER: 911

IN THE EVENT OF AN EMERGENCY, ATTENDANT MUST:

NOTIFY 911

PRE-ENTRY MEETING CONDUCTED? YES NO

WE HAVE REVIEWED THE WORK AUTHORIZED BY THIS PERMIT AND THE INFORMATION CONTAINED HERE-IN. ALL WRITTEN INSTRUCTIONS, SAFETY PROCEDURES AND EQUIPMENTS HAVE BEEN RECEIVED AND ARE UNDERSTOOD.

	SIGNATURE	DATE
ENTRY SUPERVISOR		
PERMIT ISSUER		
ENTRANT		
ENTRANT		
ATTENDANT		

THIS COMPLETED PERMIT MUST BE POSTED AT THE CONFINED SPACE AND AVAILABLE FOR REVIEW.

POST ENTRY VERIFICATION

THE ENTRY SUPERVISOR MUST REVIEW WORK SITE POST EVENT TO ENSURE EQUIPMENT IS BACK IN SAFE CONDITION AND ALL NEEDED EQUIPMENT/TOOLS HAVE BEEN ACCOUNTED FOR.

TIME ENTRY COMPLETED, AM/PM _____

DATE _____

SIGNATURE ENTRY SUPERVISOR _____

THIS COMPLETED PERMIT MUST BE KEPT ON FILE FOR 1 YEAR AND MUST BE READILY AVAILABLE FOR INSPECTION/REVIEW

PERMIT REVIEW ISSUES: _____