**CONFINED SPACE ENTRY PERMIT**

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| **Date:** | |
| **Permit Duration** (Not more than 8 hours): | |
| **Description, Location, Address:** | |
| **Purpose of entry:** | |
| **Department/Unit Responsible for Entry:** | |
| **Entry Supervisor:** | **Phone:** |
| **Entry Attendant(s):** | **Entrant(s)** |

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| **COMMUNICATIONS PROCEDURES FOR ENTRY TEAM** *(Including Equipment) Check all that apply* | |
|  | Two Way |
|  | Radio/Hand-held device |
|  | Voice |
|  | Other (Specify): |
| Details & Instructions for use: | |

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| **EMERGENCY COMMUNICATIONS AND PROCEDURES** | |
| **Person, Team or Unit Responsible for Non-Entry Rescue:** | |
| **Person, Team or Unit Responsible for Entry Rescue:**  Bismarck Fire Department: | **How to Summon Entry Rescue?** |
| **Off-Site Rescuer Aware of Entry?** (Yes or No) | **On-Site Rescuer Prepared for Non-Entry Rescue?** (Yes or No) |
| **HAZARDS OR POTENTIAL HAZARDS** (List below) | |
| **PLANS, SAFETY EQUIPMENT, AND PPE NEEDED:** | |
| **VENTILATION TIME IN MINUTES:** | |

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| **AIR TESTING:** At least pre-ventilation, upon entry, and every 15 minutes. (use back of permit if needed) | | | | | | | If LEL is greater than 10% STOP ENTRY, Ventilation can continue  If LEL is greater than 50% STOP ENTRY/STOP VENTILATION | | | | | | | | |
| **TEST** (top/middle/bottom) | **TIME** | **Initials** | **Oxygen Range (O2)** (195-23.5%)  Normal-20.8% | | | **Lower Explosive** Limit (<10% for entry) | | | **Carbon Monoxide (CO)** (<35 PPM for entry) | | | **Hydrogen Sulfide** **(H2S)** (10<PPM for entry) | | | **Other** |
| Pre-Ventilation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Entry (0 min) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Exit |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **ENTRY APPROVAL AND REVIEW** | | | | | | | | | | | | | | | |
| **Entry Supervisor Signature:** | | | | | | | | | **Time:** | | | | | | |
| **Problems During Entry:** | | | | | | | | | | | | | | | |

Use these section to guide your hazard assessment, then enter the final data on the front.

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| **HAZARDS OR POTENTIAL HAZARDS** | **PLANS, SAFETY EQUIPMENT AND PPE NEEDED** | |
| *(Check all that apply)* | | |
| **FALL, FALLING OBJECT & HEAD KNOCK HAZARDS**  \_\_Ladder entry  \_\_Vertical hoist entry  \_\_Elevated platforms | \_\_Retrieval/Fall Harness  \_\_Lanyard  \_\_Retrieval Hoist  \_\_Anchor/Tripod  \_\_Hard Hat  \_\_Fall protection plan | |
| **ATOMOSPHERIC HAZARDS**  \_\_Oxygen deficiency  \_\_Toxic  \_\_Flammable *(Including too much oxygen)* | \_\_Air monitor | Model/Serial # |
| Calibration date: |
| \_\_Mechanical ventilation | Type (brand)/CFM: |
| \_\_Personal alarm system (PASS) | \_\_Escape Respirator |
| \_\_Barricades \_\_Flagger \_\_\_Temporary traffic control plan | |
| **AIRBORNE CONTAMINANTS**  \_\_Dust  \_\_Vapors/Mists | \_\_Respiratory protection | Respirator type/Cartridge type: |
| \_\_**INADEQUATE LIGHTING** | \_\_Portable Lighting | |
| \_\_SPARKS & OPEN FLAME | \_\_Fire Extinguisher \_\_Fire Watch  \_\_Hot work permit | |
| \_\_**VEHICLE & PEDESTRIAN TRAFFIC** | \_\_Barricades \_\_Flagger \_\_\_Temporary traffic control plan | |
| **HAZARDOUS ENERGY**  \_\_Mechanical electrical  \_\_Hydraulic  \_\_Steam  \_\_Compressed air, etc. | \_\_ LOTO materials  \_\_Blocks  \_\_LOTO form | |
| **OTHER HAZARDS:** | Controls: | |

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| **VENTILATION CALCULATIONS** (Done before ventilation) | | | | | | | | | | | | | | | |
| **How to calculate ventilation time:**   1. Volume of space + Length x Width x Height 2. Air changes = 20   **CFM** = Flow rate from mechanical ventilation device in cubic feet per minute | | | | | | | | | | | | | | | |
| **TEST** (top/middle/bottom) | **TIME** | **Initials** | **Oxygen Range (O2)** (195-23.5%)  Normal-20.8% | | | **Lower Explosive** Limit (<10% for entry) | | | **Carbon Monoxide (CO)** (<35 PPM for entry) | | | **Hydrogen Sulfide** **(H2S)** (10<PPM for entry) | | | **Other** |
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| Exit |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |