**CONFINED SPACE ENTRY PERMIT**

|  |
| --- |
| **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)** |

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

|  |
| --- |
| **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:** |

|  |  |
| --- | --- |
| **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 continueIf 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) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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.

|  |  |
| --- | --- |
| **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: |

|  |
| --- |
| **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** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Exit |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |