|  |  |  |  |
| --- | --- | --- | --- |
| Date and Time Issued | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date and Time Expires: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Job site: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Job Superviso/Foreman: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Equipment to be worked on:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Work to be performed:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

Entry Supervisor/Foreman(please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Entrant(s) (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Attendant(s) (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Backup Personnel(please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Atmospheric Checks:** Time

Oxygen %

Explosive % L.F.L.

Toxic PPM

**1a. Testers Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Source isolation (No Entry):**

Pumps or lines blinded, disconnected, or blocked N/A Yes No

**3. Ventilation Modification:**

Mechanical N/A Yes No

Natural Ventilation only N/A Yes No

**4. Atmospheric check after isolation and ventilation** Oxygen \_\_\_\_\_\_\_% >19.5%

Explosive\_\_\_\_\_\_L.F.L.<10%

Toxic\_\_\_\_\_\_\_\_\_PPM <10PPM H (2) S

Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4a. Testers Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5.Communication Procedures:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6.Rescue Procedures:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. Entry, standby, and backup persons:**

Successfully completed required training Yes No

Is it current? Yes No

**8. Equipment:**

Direct reading gas monitor tested N/A Yes No

Safety harnesses and lifelines

for entry and standby persons N/A Yes No

Hoisting equipment N/A Yes No

Powered communications N/A Yes No

SCBA's for entry and standby persons N/A Yes No

Protective Clothing N/A Yes No

All electric equipment listed, Class I, Division I,

Group D and Non-sparking tools N/A Yes No

**9. Periodic Atmospheric Test:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Oxygen: | \_\_\_\_\_% |  | Explosive | \_\_\_\_\_% |  | Toxic: | \_\_\_\_\_% |  | Time: | \_\_\_\_\_\_\_\_ |
| Oxygen: | \_\_\_\_\_% |  | Explosive | \_\_\_\_\_% |  | Toxic: | \_\_\_\_\_% |  | Time: | \_\_\_\_\_\_\_\_ |
| Oxygen: | \_\_\_\_\_% |  | Explosive | \_\_\_\_\_% |  | Toxic: | \_\_\_\_\_% |  | Time: | \_\_\_\_\_\_\_\_ |
| Oxygen: | \_\_\_\_\_% |  | Explosive | \_\_\_\_\_% |  | Toxic: | \_\_\_\_\_% |  | Time: | \_\_\_\_\_\_\_\_ |
| Oxygen: | \_\_\_\_\_% |  | Explosive | \_\_\_\_\_% |  | Toxic: | \_\_\_\_\_% |  | Time: | \_\_\_\_\_\_\_\_ |
| Oxygen: | \_\_\_\_\_% |  | Explosive | \_\_\_\_\_% |  | Toxic: | \_\_\_\_\_% |  | Time: | \_\_\_\_\_\_\_\_ |
| Oxygen: | \_\_\_\_\_% |  | Explosive | \_\_\_\_\_% |  | Toxic: | \_\_\_\_\_% |  | Time: | \_\_\_\_\_\_\_\_ |
| Oxygen: | \_\_\_\_\_% |  | Explosive | \_\_\_\_\_% |  | Toxic: | \_\_\_\_\_% |  | Time: | \_\_\_\_\_\_\_\_ |
| Oxygen: | \_\_\_\_\_% |  | Explosive | \_\_\_\_\_% |  | Toxic: | \_\_\_\_\_% |  | Time: | \_\_\_\_\_\_\_\_ |

We have reviewed the work authorized by this permit and the information contained herein. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked in the "No" column. This permit is not valid unless all appropriate items are completed.

Authorized Entrant(s) (signature(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Attendant(s) (signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Backup Personnel(signature(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permit and Check List Prepared By: (Entry Supervisor/Foreman)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved and Review By: (Authorized Site Supervisor/Foreman)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This permit to be posted at entry location at job site. At job completion. Make copy for Site Supervisor/Foreman. Return job site original to Job Site Foreman and turn in to Project manager to be file with the job file.

Copy: (Project Manager)

|  |  |  |
| --- | --- | --- |
| CONFINED SPACE PRE-ENTRY CHECKLIST (Appendix 4C)  (Post at Point of Entry) |  | **WMILLC** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | Unsafe conditions for removing an entrance cover are eliminated. |  | Yes | No |
|  | | | | |
| 2. | Entrance openings are guarded to prevent workers and objects from falling into the space. |  | Yes | No |
|  | | | | |
| 3. | Oxygen content tested and suitable for entry. |  | Yes | No |
|  | | | | |
| 4. | Flammable gases and vapors tested and space suitable for entry. |  | Yes | No |
|  | | | | |
| 5. | Potential toxic air contaminants tested and space suitable for entry. |  | Yes | No |
|  | | | | |
| 6. | Forced-air ventilation has eliminated any hazardous atmosphere. |  | Yes | No |
|  | | | | |
| 7. | Forced-air ventilation ventilates the immediate area where work is performed. |  | Yes | No |
|  | | | | |
| 8. | Forced-air ventilation continues until all workers have left the space. |  | Yes | No |
|  | | | | |
| 9. | All test results are documented. |  | Yes | No |
|  | | | | |
| 10. | Air supply for the forced-air ventilation is clean and does not increase hazards in the space. |  | Yes | No |
|  | | | | |
| 11. | Atmosphere inside the space is periodically tested as necessary. |  | Yes | No |
|  | | | | |
| 12. | The employer has taken the required pre-entry procedures through a written certification process. |  | Yes | No |
|  | | | | |
| 13. | Certification includes date, location of space and the signature of the certifying person. |  | Yes | No |
|  | | | | |
| 14. | The emergency phone number list has been established. |  | Yes | No |
|  | | | | |
| 15. | The employer has verified that the space is safe for entry. |  | Yes | No |
|  | | | | |

Contact rescue personnel by local fire department in the event of an emergency.

Notice: If any of the above questions are answered "no" do not enter. Contact your immediate supervisor.

Job Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entry Supervisor/Foreman Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_

| **Revision / Review History** | | | |
| --- | --- | --- | --- |
| **Revision** | **Date** | **Authorized By** | **Changes** |
| 1 | 9/11/2000 | Safety Director | New Program |
| 2 | 1/15/2001 | Safety Director | Annual Review |
| 3 | 1/10/2002 | Safety Director | Annual Review |
| 4 | 1/11/2003 | Safety Director | Annual Review |
| 5 | 1/15/2004 | Safety Director | Annual Review |
| 6 | 1/10/2005 | Safety Director | Annual Review |
| 7 | 6/27/2006 | Safety Director | Annual Review |
| 8 | 9/6/2007 | Safety Director | Annual Review |
| 9 | 8/23/2010 | Safety Director | Annual Review |
| 10 | 10/3/2012 | Safety Director | Annual Review |
| 11 | 11/10/2012 | Safety Director | Annual Review |
| 12 | 9/25/2013 | Safety Director | Annual Review |
| 13 | 6/13/2016 | Safety Director | Annual Review-Updated and new format |
| 13 | 6/30/2017 | Safety Director | Annual Review |
| 13 | 7/01/2018 | Safety Director | Annual Review |
| 13 | 6/7/2019 | Safety Director | Annual Review |