

CONFINED SPACE ENTRY PERMIT

(To be issued by trained & authorized persons only)



- ◆ Prior to entry, Main Gate must be notified. Give location, attendant & entry supervisor phone numbers
- ◆ Permit will be posted at entry site until job is complete or a new permit is issued
- ◆ This permit is **void** if conditions change within the confined space. Evacuate the confined space and do not re-enter until conditions are evaluated and a new permit issued
- ◆ Expired permits must be sent to the safety department for filing. (permit to be kept on file for 12 months)

STEP 1	Equipment ID:	Work Order #
STEP 2	Exact Location of the Job:	
STEP 3	Description of the Work to be Performed in the Confined Space:	
STEP 4	Risk Assessment has been completed and reviewed for the work to be performed? YES <input type="checkbox"/> NO <input type="checkbox"/> Attach a copy to this permit Work cannot commence until a Risk Assessment has been completed!	

STEP 5	ATMOSPHERE - Atmospheric Testing is required before entry Attach a copy of bump and/or calibration test to this permit						
* Required tests for every entry. Other tests required if applicable to space.							
Gas	Acceptable entry conditions	Time reading performed					
		AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM
		Results/ Levels					
* % of Oxygen (O ₂)	19.5%-23.5%						
* % of LEL / LFL	10% or less						
Carbon Monoxide (CO)	< 25 PPM						
Sulfur Dioxide (SO ₂)	< 2 PPM						
Hydrogen Cyanide (HCN)	< 4.7 PPM						
Hydrogen Sulfide(H ₂ S)	< 10 PPM						
Does potential for heat stress exist? If yes specify required actions:							
Conditions for entry:	Yes	No	Additional Monitoring required	Yes	No		
Without respiratory protection?	<input type="checkbox"/>	<input type="checkbox"/>	Continuous monitoring required?	<input type="checkbox"/>	<input type="checkbox"/>		
With SCBA/ In-line Air?	<input type="checkbox"/>	<input type="checkbox"/>	Documented Gas Reading Frequency?	<input type="checkbox"/>	<input type="checkbox"/>		
Full Face Respirator?	<input type="checkbox"/>	<input type="checkbox"/>					
Half Mask Respirator?	<input type="checkbox"/>	<input type="checkbox"/>					
Fit tested/Spirometry <u>is required</u> for respiratory protection							- Frequency of retesting: (1/2 hr) (1hr) (2hr)
Other: (special requirements)							
Initials of Attendant:		Initials of Entry Supervisor:		Instrument Used (ID #):			

STEP 6	CONTROL MEASURES					
The following control measures are required to be implemented prior to entry-by-Entry Supervisor						
Control	Y	N	Control	Y	N	
<u>Engineering Controls</u>			<u>Administrative controls</u>			
Safe means of access provided	<input type="checkbox"/>	<input type="checkbox"/>	Means of communication (List)	<input type="checkbox"/>	<input type="checkbox"/>	
Lines capped, blanked or broken	<input type="checkbox"/>	<input type="checkbox"/>	Hot work permit	<input type="checkbox"/>	<input type="checkbox"/>	
Mechanical or electrical lockouts	<input type="checkbox"/>	<input type="checkbox"/>	Production Supervisor Notified	<input type="checkbox"/>	<input type="checkbox"/>	
Additional lighting	<input type="checkbox"/>	<input type="checkbox"/>	<u>PPE Controls</u>			
Space purged, flushed and ventilated	<input type="checkbox"/>	<input type="checkbox"/>	Goggles /face shield	<input type="checkbox"/>	<input type="checkbox"/>	
Double Block and Bleed	<input type="checkbox"/>	<input type="checkbox"/>	Chemical resistant gloves (see MSDS)	<input type="checkbox"/>	<input type="checkbox"/>	
Proper barricading in place	<input type="checkbox"/>	<input type="checkbox"/>	Protective clothing (List)	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment Taken Into Space is Suitable for the Environment	<input type="checkbox"/>	<input type="checkbox"/>				

STEP 7	EMERGENCY RESCUE PLAN	Internal Retrieval <input type="checkbox"/>	Attach a copy to this permit
		External Retrieval <input type="checkbox"/>	

STEP 8	AUTHORITY TO ENTER
The control measures and precautions appropriate for the safe entry and execution of the work in the confined space have been implemented. The Permit holder shall ensure that these controls are monitored and reviewed throughout the duration of confined space occupancy. Any changes to control measures are to be authorized by me prior to implementation	

Signed (Entry Supervisor)	Name (Print)	Date:	Time:
_____	_____		:

BORON EMERGENCY ONLY #: 1-760-762-7911

WILMINGTON EMERGENCY ONLY #: 911

BORON MAIN GATE #: 1-760-762-7230

WILMINGTON MAIN GATE #: 1-310-522-5310

◆ Maintain visual or verbal communication with the entrants at all times. ◆ Keep unauthorized people out of the space. ◆ Attend lifeline when it is in use
◆ Take and document atmospheric gas reading at required intervals ◆ Document the entrants who have entered or exited the space

CONFINED SPACE ENTRY SIGN-IN LOG

- 1) Only authorized personnel are permitted to enter this space
- 2) All Entrants are required to sign in and out of the space on this log. Attendants and Entry Supervisors are required to sign in and out on this log when they assume and are relieved of their duties
- 3) All Entrants must read and fully understand both sides of this form before entering this Confined Space

[illegible]

STEP 9 CANCELLATION OF CONFINED SPACE ENTRY PERMIT

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Comments:

Time: :

Version: 6.0	Standard: C5	RTM - BORON
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