ENTRY PERMIT

Department/Contractor Name: _________________________ Emergency Telephone #: _____________ Date: ___________

I. Confined Space Location: ___________________________ Permit valid from: _____________ to _____________

Purpose of entry: ________________________________________________________________

Special Instructions: ____________________________________________________________________________________________________

II. Past, Present, and Expected Hazards (Check off and describe applicable hazards.)

☐ Atmospheric: _____________________________________________________________
☐ Thermal (hot/cold): ________________________________________________________
☐ Hazardous Materials: ______________________________________________________

☐ Hazardous Energy: _________________________________________________________
☐ Engulfment/Entrapment: ____________________________________________________
☐ Other: ___________________________________________________________________

III. Special Procedures (please describe): ☐ Reclassification ☐ Alternate Procedures (Atmosphere Controlled)

☐ Energy Isolation: __________________________________________________________
☐ Ventilation: ______________________________________________________________
☐ Engulfment Hazard Mitigation: ______________________________________________

☐ Communication: __________________________________________________________
☐ LOTO: ______________________________
☐ Other: __________________________________________________________________

IV. Required Equipment (Check ALL that apply and describe where indicated):

☐ Barricades, Barrier Tape ☐ Blower and duct ☐ Fire Extinguisher ☐ GFI Device ☐ First Aid Kit
☐ Communication Equipment ☐ Rescue Equipment ☐ Other: ___________________________________________________________________

☐ Personal Protective Equipment (Specify): _____________________________________

V. Atmospheric Testing (Continuous Monitoring May Be Required)

<table>
<thead>
<tr>
<th>Order of Testing</th>
<th>Tests to Be Performed</th>
<th>Acceptable Entry Conditions</th>
<th>Test 1</th>
<th>Test 2</th>
<th>Test 3</th>
<th>Test 4</th>
<th>Test 5</th>
<th>Test 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Oxygen (% Volume)</td>
<td>20.9% (19.5% to 23.5%)</td>
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<tr>
<td>2</td>
<td>Flammable Gases (% LEL)</td>
<td>&lt; 10% of LEL</td>
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<tr>
<td>3</td>
<td>Hydrogen Sulfide (ppm)</td>
<td>&lt; 5 ppm H2S</td>
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<tr>
<td>4</td>
<td>Carbon Monoxide (ppm)</td>
<td>&lt; 10 ppm CO</td>
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<tr>
<td>Additional Tests</td>
<td>Specify:</td>
<td>&lt; 50% of PEL/TLV:</td>
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<tr>
<td>Time of Testing:</td>
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<tr>
<td>Instrument:</td>
<td>Make &amp; Model:</td>
<td>Date Last Calibrated:</td>
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</tbody>
</table>

VI. Personnel

Authorized Entrants (List all): _______________________________________________________

Attendant Personnel (Name, Department): _____________________________________________

Individual Performing Calibration & Testing of Space (Name & Initials): ___________________________________________________________________

VII. Permit Acceptance – Supervisor Authorizing Entry: ______________________________ Date _______________ Time _____________

Certifying Supervisor is responsible for ensuring that all necessary procedures, practices, and equipment for safe entry are in place before and during entry.

VIII. Permit Cancellation

Reason the permit was cancelled: _______________________________________________________________________________________________

Was all work completed and space returned to normal operating mode? Yes ☐ No ☐ Date: _______________ Time: _____________

Cancellation of Permit (Supervisor Authorizing Entry): ______________________________ Date: _______________ Time: _____________

After permit activity is completed, please send copy of permit to EH&S (MC: 5132) Attn: Confined Space Program Manager

Rev. January 2014