

Document Name: Confined Space Entry Permit
Document Number: 5460.2.F1 v.2
FMC Division: Environmental Health & Safety

Approval Date: 1/5/2016
Review Date: 1/5/17
Approved By: AVP, FMC

Location _____

Description of Space _____

Department Responsible _____

Description of Work to be Performed _____

Authorized Duration of Permit From: _____ To: _____
(Date/Time) (Date/Time)

If entry into a permit space is not made during time specified, a new permit must be completed prior to entry.

ACTUAL OR POTENTIAL HAZARDS IN CONFINED SPACE

N/A	A/P	N/A=Not Applicable	A/P=Actual/Potential
<input type="checkbox"/>	<input type="checkbox"/>	Oxygen deficiency	
<input type="checkbox"/>	<input type="checkbox"/>	Flammable gases or vapors	
<input type="checkbox"/>	<input type="checkbox"/>	Toxic gases or vapors exceeding Permissible Exposure Limit (PEL)	
		(Note: In addition to gases or vapors already present, use of solvents, paints, caulks or similar materials can have an adverse effect on the atmosphere inside the confined space.)	
<input type="checkbox"/>	<input type="checkbox"/>	Mechanical	
<input type="checkbox"/>	<input type="checkbox"/>	Electrical	
<input type="checkbox"/>	<input type="checkbox"/>	Engulfment	
<input type="checkbox"/>	<input type="checkbox"/>	Materials harmful to skin	
<input type="checkbox"/>	<input type="checkbox"/>	Configuration of space could trap entrant	
<input type="checkbox"/>	<input type="checkbox"/>	Heavy/awkward/pressurized entry covers	
<input type="checkbox"/>	<input type="checkbox"/>	Slick or obstructed working surfaces/trip hazards	
<input type="checkbox"/>	<input type="checkbox"/>	Dust	
<input type="checkbox"/>	<input type="checkbox"/>	Noise	
<input type="checkbox"/>	<input type="checkbox"/>	Heat/cold	
<input type="checkbox"/>	<input type="checkbox"/>	Falling	
<input type="checkbox"/>	<input type="checkbox"/>	Asbestos	
<input type="checkbox"/>	<input type="checkbox"/>	Lead	
<input type="checkbox"/>	<input type="checkbox"/>	Radioactive residues/gasses	
<input type="checkbox"/>	<input type="checkbox"/>	Others: Specify _____	

PREPARATIONS

N/A	REQ	COM	N/A=Not Applicable	REQ=Required	COM=Completed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtain & review appropriate Safety Data Sheets (Attach copies of SDSs to this permit)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respirator users have been trained, cleared and fit tested for the make/model/size of respirator to be used		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notify all contractors involved/affected; Specify: _____		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staging area for materials/equipment determined		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cordon off area around confined space/protect area from materials falling into vertical opening		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation routes unobstructed for emergencies		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Isolate pipes by blanking, double-valve & bleeding, or lock-out/tag-out*		*(Attach separate lockout/tagout checklist if required)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lock-out/Tag-out energy sources entrants are exposed to*		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eliminate conditions making it unsafe to remove/open entrance before opening		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drain, clean, wash and/or purge space (If purging is required, specify minimum time: _____)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilation of space as required to provide fresh air; Specify: _____		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot work checklist completed and attached if required		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: Specify: _____		

Mandatory Preparations

- X Copy of completed permit posted near confined space entry points
- X Arrange for qualified Attendant(s) and Entrants(s)
- X Employees involved informed of specific confined space hazards
- X Employees involved have reviewed procedures outlined on this checklist/permit
- X Communication devices checked for proper operation immediately prior to entry

REquired items checked must also be checked COMpleted to ensure acceptable entry conditions are met before allowing entry. The space must be evacuated IMMEDIATELY if acceptable entry conditions cannot be maintained.

AUTHORIZED PERSONNEL

(Note: Attendants, Entrants, and Entry Supervisors must be trained in their duties as described in the TWU Confined Space Program)

ATTENDANT(S) Name _____

AUTHORIZED ENTRANT(S) Name (Attendant must keep current tally of entrants in space) 1) _____

2) _____ 3) _____ 4) _____

5) _____ 6) _____ 7) _____

AUTHORIZATION TO PROCEED

I certify that all required precautions identified on this checklist/permit have been taken and authorize work to proceed as described. Attendants and Entrants have been instructed to evacuate this space and to notify me (the undersigned) immediately if any of these precautions cannot be maintained.

ENTRY SUPERVISOR NAME _____ DATE _____
(Please Print)

ENTRY SUPERVISOR SIGNATURE _____ TIME _____

The Entry Supervisor must be a supervisor of the Entrant(s) who has received current confined space entry training, and may also act as the Attendant, but may not also be an Authorized Entrant listed under this or any other active confined space entry permit. One of the specific alternates listed in the Confined Space Entry Program may also act as the Entry Supervisor (see Section 1.2).

TIME ENTRY BEGAN _____ TIME ENTRY ENDED _____

POST PERMIT NEAR ENTRY POINT DURING ENTRY

PERMIT CLOSE-OUT PROCEDURES

N/A REQ COM N/A=Not Applicable REQ=Required COM=Completed

() () () Reverse isolation/lock-out procedures (refer to lockout/tagout checklist if required)
() () () Secure entrance to confined space

Mandatory Procedures

X () Debrief personnel involved in entry operations and note comments
X () Cancel and file permit for future reference (send to Office of EH&S)

ENTRY SUPERVISOR SIGNATURE _____ DATE _____

The Entry Supervisor terminates the permit by signing above when all work and close-out procedures are completed, or if conditions in the Permit-Required Confined Space change, invalidating the permit.

COMMENTS _____

[SEND COMPLETED PERMIT TO OFFICE OF ENVIRONMENTAL, SAFETY & HEALTH]

REQuired items checked must also be checked COMpleted to ensure acceptable entry conditions are met before allowing entry. The space must be evacuated IMMEDIATELY if acceptable entry conditions cannot be maintained.

*REQuired items checked must also be checked COMpleted to ensure acceptable entry conditions are met before allowing entry.
The space must be evacuated IMMEDIATELY if acceptable entry conditions cannot be maintained.*