

Cleburne: Prod. Manuf. Clean Flex

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	<b>Confined Space Permit-To-Work</b>	General Safe Work Permit #: _____
		Work order #: _____
		Date: ____/____/____

**THIS PERMIT IS VALID FOR 24 HOURS ONLY.**

Permit Confined Spaces shall only be entered when all other alternatives have been carefully considered.  
This permit is only valid when all sections are complete, and the permit is approved by the appropriate individuals.

*Any modification to this permit after authorization would make this permit invalid.*

Stop work if any unexpected conditions are encountered.

**Section 1. General Information**

Permit valid from	Date:	Time:	To	(Not to exceed one shift) Date:	Time:
Anticipated entry period duration	Date:	Time:	To	Date:	Time:

Department/area/installation/tank identification number/equipment and tag number

Activities completed by:

☐ SACHEM inc. *qualified* employee: Name(s) .....

☐ *Qualified* contractor (company & employee Name):.....

Justify the Purpose of Entry:

Explain any unavailability of safety provisions to perform work. *(All other means must be exhausted)*

Has a *Job hazard assessment and classification* been performed? ☐ Yes ☐ No ☐ N/A (explain)

Permit prepared by:..... Date:

**Section 2. Process Description**

General process description

Process description step by step (please list below)

Energy sources present (select all applicable)

☐ Electrical ☐ Hydraulic ☐ Mechanical ☐ Pneumatic ☐ Stored:\_\_\_\_\_ ☐ Thermal ☐ Under Pressure ☐ Chemical

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**Section 3. Hazard Assessment and Control**

Hazard Identification	Hazard Created By	Means of Elimination/Control
<input type="checkbox"/> Oxygen deficient/enriched		<input type="checkbox"/> LOTO <input type="checkbox"/> Drain/Purge <input type="checkbox"/> Ventilation
<input type="checkbox"/> Explosive/Flammable atmosphere		<input type="checkbox"/> LOTO <input type="checkbox"/> Drain/Purge <input type="checkbox"/> Ventilation
<input type="checkbox"/> Toxic atmosphere		<input type="checkbox"/> LOTO <input type="checkbox"/> Drain/Purge <input type="checkbox"/> Ventilation <input type="checkbox"/> PPE
<input type="checkbox"/> Chemical exposure hazard		<input type="checkbox"/> LOTO <input type="checkbox"/> Drain/Purge <input type="checkbox"/> Ventilation <input type="checkbox"/> PPE
<input type="checkbox"/> Electrical shock hazard		<input type="checkbox"/> LOTO <input type="checkbox"/> Other: _____
<input type="checkbox"/> Mechanical hazard		<input type="checkbox"/> LOTO <input type="checkbox"/> Other: _____
<input type="checkbox"/> Thermal exposure hazard		<input type="checkbox"/> LOTO <input type="checkbox"/> Drain/Purge <input type="checkbox"/> Other: _____
<input type="checkbox"/> Engulfment		<input type="checkbox"/> LOTO <input type="checkbox"/> Drain/Purge
<input type="checkbox"/> Entrapment		<input type="checkbox"/> Secure Floor <input type="checkbox"/> Lifeline <input type="checkbox"/> Other: _____
<input type="checkbox"/> Excessive noise		<input type="checkbox"/> Shielding <input type="checkbox"/> PPE
<input type="checkbox"/> Falling objects		<input type="checkbox"/> Erect Scaffold/Planks <input type="checkbox"/> Other: _____
<input type="checkbox"/> Fall Into or From		<input type="checkbox"/> Erect Scaffold/Planks <input type="checkbox"/> Other: _____
<input type="checkbox"/> Slip or Trip		<input type="checkbox"/> LOTO <input type="checkbox"/> Drain/Purge <input type="checkbox"/> Other: _____
<input type="checkbox"/> Dark work area		<input type="checkbox"/> Explosion-proof Lights <input type="checkbox"/> Other: _____
<input type="checkbox"/> Other:		

**Section 3a. Atmospheric Monitoring**

		During the entry ( <i>Attendant's Responsibility</i> )							
Time	Pre-entry	After Break	After Break	After Break	After Break	After Break	After Break	After Break	Final
Oxygen (19.5-23.5%)									
LEL (0%)									
Toxics (ppm)									
Testers Initials									

Sensors calibrated? ☐ Yes ☐ No Date Last Calibrated: \_\_\_\_\_

Additional Job Task Hazard Assessments should be included with the permit

<b>Tester</b>	Name:	Date:
	Signature:	
		Time:

**Section 4. Entry and Rescue Provisions**

Question	Yes	No	Question	Yes	No
Have all entrants, attendants, and supervisors been appropriately trained?			Have all entrants, attendants, & supervisors been briefed for the task?		
Is there a potential for a hazardous atmosphere after controls?			Has a rescue pre-plan been prepared?		
Is there a potential for engulfment after controls?			Have all rescue/facility contacts been notified of the entry?		
Is there a potential for entrapment after controls?			Are hazards potentially being introduced to space during work?		
Is there a potential for hazardous energy to be present after controls?			Have the rescue services been adequately trained?		
Are there any other serious safety or health concerns after controls?			Does a potential <i>immediately dangerous to life or health</i> atmosphere exist?		

☐ = Unacceptable situation that requires additional considerations

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Explain or attach rescue procedures:

**Section 7. Acceptance of Preventive Measures**

I give authorization for the work involving confined space to proceed as per the conditions of this permit, and I am satisfied that all the hazards associated with the confined space work are controlled.

- ☐ I confirm all needed Blinds, LOTO, and hazard Identification are in place  
☐ I confirm that the local first responder group has been notified of this task

Date.....

**SACHEM Inc. Entry/permit supervisor**

Name	Signature	Phone

Date.....

**Area/ System owner/ HSE& representative or authorized designee**

Name	Signature	Phone

**Additional Requirements****Section 8. Authorization and Acceptance**

I confirm that I have verified the above information and ensured that the necessary precautions had been taken.

It is safe to carry out the work as defined above, and the permit information has been explained to all workers involved.

**The person in charge of this work team:**  
**(Contractor or SACHEM Inc. person performing the activity)**

Has a job briefing and planning checklist been completed?

☐ Yes ☐ No (If NO, ask the permit writer to perform this task)

Date: Time:

Company	Name:	Signature

**Attendant/ Standby person**

Date: Time:

Company	Name:	Signature

**Attendant + Emergency Response person**

Date: Time:

Name (CPR)	Signature
Name	Signature

I acknowledge that the permit conditions have been explained to me and by virtue of my signature, I commit to adherence to the permit conditions

**Each Entrant personnel working on the job must sign.**

Name	Signature
Name	Signature
Name	Signature
Name	Signature
Name	Signature

**Section 9. Hand over Approval (Start of Work)**

Date	Name	Signature

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Area/ System owner (SACHEM Operation lead/supervisor)		
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**Section 10. Hand back (End of Work)**

All activities associated with this confined space work have been completed, and the area has been left in a safe, clean, and tidy condition.

<b>SACHEM Inc. Entry/permit supervisor</b>		<b>Area/ System owner (SACHEM Operation lead/supervisor)</b>	
Contractor and/or SACHEM Inc. person performing the activity		Date: Time:	
Date: Time:		I verified area in person <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, do so now)	
Name	Signature	Name	Signature

Nothing in this Permit shall cause the Owner (SACHEM Inc) to assume responsibility for any of the legal obligations of the contractor performing the work under applicable laws or the requirements of the Agreement governing the job.

**THIS WORK PERMIT MUST BE POSTED IN THE WORK AREA / UPON JOB COMPLETION, THIS SIGNED PERMIT MUST BE RETURNED TO HSE DEPT.**