



## CONFINED SPACE ENTRY PERMIT

Document No.: HSE-BF-006

Department: Operations

Revision Date: 19 AUG 2010

Release authorized by:


D. Slattery

Page

Page 1 of 2

|  |                            |  |                            |
|--|----------------------------|--|----------------------------|
| <b>Date &amp; Time Issued</b>  |                            | <b>Date &amp; time Expires</b>   |                            |
| <b>Space I.D.</b>  |                            | <b>Supervisor</b>  |                            |
| <b>Equipment Affected</b>  |                            | <b>Task</b>  |                            |
| <b>Standby Team Members</b>  |                            |  |                            |
| <b>Hot Work Type (circle)</b>  | Welding                    | Cutting  | Brazing                    |
|  |                            |  | Grinding                   |
| Space Hazard Assessment has been reviewed by Entry Supervisor, Attendants, Entrants and Rescue Team Members and is correct |                            | Pre-entry brief has been conducted with Entrants, Attendants and Rescue Team Members |                            |
|  | Entry Supervisor Signature |  | Entry Supervisor Signature |
| <b>Pre-Entry Atmospheric Checks</b>  |                            |  |                            |
| Time (am - pm)   |                            |  |                            |
| Oxygen   |                            |  |                            |
| Explosive ( % LEL)   |                            |  |                            |
| Toxic (PPM)  |                            |  |                            |
| Testers Signature  |                            |  |                            |
| <b>Pre-entry Fluid System Isolation</b>  | <b>Yes</b>                 | <b>No</b>  | <b>N/A</b>                 |
| Pumps /lines blinded, blocked, disconnected  |                            |  |                            |
|  |                            |  |                            |
| <b>Ventilation Source Established</b>  | <b>Yes</b>                 | <b>No</b>  | <b>N/A</b>                 |
| Mechanical Forced Air  |                            |  |                            |
| Natural Ventilation  |                            |  |                            |
| <b>Post Ventilation Pre-Entry Atmospheric Checks</b>   |                            |  |                            |
| Time   |                            |  |                            |
| Oxygen (%)   |                            |  |                            |
| Explosive ( % LEL)   |                            |  |                            |
| Toxic (PPM)  |                            |  |                            |
| Tester Signature   |                            |  |                            |
| <b>Communication Procedures</b>  |                            |  |                            |
|  |                            |  |                            |

**KEEP PERMIT AT JOBSITE**

|   |                                    |                |             |
|---|------------------------------------|----------------|-------------|
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### Rescue Procedures

### Training Verification

The following persons successfully completed required training and training is current for the space to be entered

| Position   | YES | NO |
|--|-----|----|
| All persons entering Confined Space                            |     |    |
| All persons acting as Supervisor for the Entry                 |     |    |
| All persons assigned backup positions                          |     |    |
| All persons assigned to monitor access and interior activities |     |    |
| All persons assigned to emergency rescue team                  |     |    |

### Entry & Rescue Equipment on Scene

| Description         | Type | YES | NO | NA | Description             | Type | YES | NO | NA |
|---------------------|------|-----|----|----|-------------------------|------|-----|----|----|
| Gas Monitor         |      |     |    |    | Life Line               |      |     |    |    |
| Safety Harness      |      |     |    |    | Hoisting Equipment      |      |     |    |    |
| Fall Arrest Gear    |      |     |    |    | Communication Equipment |      |     |    |    |
| SCBAs               |      |     |    |    | Air Line Respirators    |      |     |    |    |
| Protective Clothing |      |     |    |    | Electrical Gear Rating  |      |     |    |    |
| Fire Extinguishers  |      |     |    |    |                         |      |     |    |    |

### Periodic Atmospheric Checks

|                    |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|
| Time (am - pm)     |  |  |  |  |  |  |
| Oxygen             |  |  |  |  |  |  |
| Explosive ( % LEL) |  |  |  |  |  |  |
| Toxic (PPM)        |  |  |  |  |  |  |
| Testers Signature  |  |  |  |  |  |  |

A review of the work authorized by this permit and the information contained on this Entry Permit. 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.

**Permit Prepared By:** (Supervisor) \_\_\_\_\_

**Approved By:** (Area Supervisor) \_\_\_\_\_

**Reviewed By:**

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(signature)