FRES – TRADES CONFINED SPACE ENTRY PERMIT

(Complete Prior to Entry)

## ENTRY DESCRIPTION

Confined Space Location/Number:

Purpose of Entry:

Date Permit Issued: Time of 1st Entry: Time Out:

Permit Expires:

### Any Equipment in need of repairs must be reported to the Supervisor who will take proper steps to have repairs made immediately.

## ENTRY TEAM MEMBERS

|  |  |
| --- | --- |
| **NAME: (List First & Last Name Below)** | TRADE |
| **Attendant:** |  |
| **Attendant:** |  |
| **Entrant:** |  |
| **Entrant:** |  |
| **Entrant:** |  |
| **Entrant:** |  |

## ATMOSPHERIC TESTING

Has the Air Monitoring Device been calibrated within the last year? YES/NO Battery Checked? YES/NO

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Location in the Space** | **% O2** | **% LEL** | CO ppm | H2S | Initials of Tester |
| Prior to Entry **(At opening)** |  |  |  |  |  |
| Middle |  |  |  |  |  |
| Bottom |  |  |  |  |  |
| Acceptable Limits\* | **19.5 –23.5%** | **Below 5%** | **Below 25 ppm** | **Below 5 ppm** |  |

\* Continuous monitoring may be required. Site-specific conditions may require entrant to wear a monitor.

\*\* Contact EHRS (215-898-4453) if any reading exceeds the acceptable limit.

**IV. SAFETY CHECKLIST (Initial each item when completed)**

1. Establish communication from worksite with PENNCOMM using # 511 from phone (direct line 215-573-3333).

2. Barricades in position.

3. Establish continuous ventilation/monitoring if required.

4. Method of communication established between entrants and attendant (List How: )

5. Escape Harness, Tripod, and Winch Available. Date of last Tripod Certification: .

6. Lock-out/tag-out completed (if required). Permit #: .

7. Appropriate PPE Worn (Check all that must be worn).

Harness Hard Hat Gloves Hearing Protection

Foot Protection Personal Monitor Eye Protection Other

8. Lighting

9. Heat Conditions Assessed - Pit Temp: Ambient Temp: Ambient Wet Bulb Temp:

10. Others (List):

##### V. INSTRUCTIONS FOR ACCEPTABLE ENTRY

1. Exposed Steam Pipes: How will this hazard be abated?

a. Isolation and cool-down of Pipes: (Method)

b. Insulated Blankets/Barrier Devices.

c. Other: (Explain)

2. Steam Leaks: How will this hazard be abated?

a. Isolation: (Method)

b. Barrier Devices:

c. Other: (Explain)

3. Heat Stress: How will this hazard be abated?

a. Ventilation Installed? YES/NO

b. Employees trained on recognizing symptoms of heat stress? YES/NO

c. Cold Gatorade and/or Cold Water available? YES/NO

d. Time limitations in Confined Space? YES/NO. If YES, indicate:

4. Other: How will this hazard be abated? (Explain)

###### AUTHORIZATION FOR ENTRY

Entry Supervisor (Print Name): Signature: Date:

OR: Entry into this Confined Space can be completed using *Alternative Method Procedures*:

Entry Supervisor (Print Name): Signature: Date:

OR: The above Confined Space has been reclassified to *Non Permit Required:*

Entry Supervisor (Print Name): Signature: Date:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Entrant’s  **Name** | Time In | Time Out | Time In | Time Out | Time In | Time Out | Time In | Time Out | Time In | Time Out |
|  |  |  |  |  |  |  |  |  |  |  |
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## VII. Record of Entry

THIS FORM SHALL BE RETAINED BY THE SUPERVISOR FOR ONE (1) YEAR FROM DATE OF ISSUE