

Penn Confined Space Entry Permit

(Complete Prior to Entry)

I. 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.

II. ENTRY TEAM MEMBERS

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

III. ATMOSPHERIC TESTING

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

Location in the Space	% O ₂	% LEL	CO ppm	H ₂ S	Initials of Tester
Prior to Entry (At opening)					
Middle					
Bottom					
Acceptable Limits*	19.5 –23.5%	Below 5%	Below 25 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 PENNCOM 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) _____

VI. 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: _____

VII. Record of Entry

Entrant's Name	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out

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