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: _________________________________________________________________

III. ATMOSPHERIC TESTING

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

<table>
<thead>
<tr>
<th>Location in the Space</th>
<th>% O₂</th>
<th>% LEL</th>
<th>CO ppm</th>
<th>H2S</th>
<th>Initials of Tester</th>
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<td>Prior to Entry (At opening)</td>
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<td>Middle</td>
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<td>Bottom</td>
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<td>Acceptable Limits*</td>
<td>19.5 – 23.5%</td>
<td>Below 5%</td>
<td>Below 25 ppm</td>
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* 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
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

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<tr>
<th>Entrant’s Name</th>
<th>Time In</th>
<th>Time Out</th>
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THIS FORM SHALL BE RETAINED BY THE SUPERVISOR FOR ONE (1) YEAR FROM DATE OF ISSUE