

Appendix D-2:

PERMIT VALID FOR 8 HOURS ONLY. ALL PERMIT COPIES REMAIN AT SITE UNTIL JOB COMPLETED.

____ / ____ / ____ SITE LOCATION/DESCRIPTION _____
DATE

PURPOSE OF ENTRY _____

SUPERVISOR(S) in charge of crews _____ Type of crew _____ Phone # _____

_____ (____) _____ - _____
_____ (____) _____ - _____

COMMUNICATION PROCEDURES _____

RESCUE PROCEDURES (PHONE NUMBERS AT BOTTOM)

BOLD DENOTES MINIMUM REQUIREMENTS TO BE COMPLETED AND REVIEWED PRIOR TO ENTRY

| REQUIREMENTS COMPLETED | DATE | TIME |
|---|--------------------|---|
| Lock Out/De-energize/Try-out | ____ / ____ / ____ | ____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
| Line(s) Broken-Capped-Blank | ____ / ____ / ____ | ____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
| Purge-Flush and Vent | ____ / ____ / ____ | ____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
| Ventilation | ____ / ____ / ____ | ____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
| Secure Area (Post and Flag) | ____ / ____ / ____ | ____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
| Breathing Apparatus | ____ / ____ / ____ | ____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
| Resuscitator - Inhalator | ____ / ____ / ____ | ____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
| Standby Safety Personnel | ____ / ____ / ____ | ____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
| Full Body Harness w/ "D" ring | ____ / ____ / ____ | ____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
| Emergency Escape Retrieval Equipment | ____ / ____ / ____ | ____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
| Lifelines | ____ / ____ / ____ | ____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
| Fire Extinguishers | ____ / ____ / ____ | ____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
| Lighting (Explosive Proof) | ____ / ____ / ____ | ____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
| Protective Clothing | ____ / ____ / ____ | ____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
| Respirator(s) (Air Purifying) | ____ / ____ / ____ | ____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
| Burning and Welding Permit | ____ / ____ / ____ | ____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |

Note: Items that do not apply enter N/A in the blank.

****RECORD CONTINUOUS MONITORING RESULTS EVERY 2 HOURS****

| CONTINUOUS MONITORING** TEST(S) TO BE TAKEN | Permissible Entry Level | _____ | _____ |
|---|--|-------|-------|
| PERCENT OF OXYGEN | 19.5% TO 23.5% | _____ | _____ |
| LOWER FLAMMABLE LIMIT | Under 10% | _____ | _____ |
| CARBON MONOXIDE | +35 PPM | _____ | _____ |
| Aromatic Hydrocarbon | + 1 PPM * 5 PPM | _____ | _____ |
| Hydrogen Cyanide | (Skin) * 4 PPM | _____ | _____ |
| Hydrogen Sulfide | + 10 PPM * 15 PPM | _____ | _____ |
| Sulfur Dioxide | + 2 PPM * 5 PPM | _____ | _____ |
| Ammonia | * 35 PPM | _____ | _____ |
| * Short-term exposure limit: + 8 hr. Time Weighted Avg.: | Employee can work in the area up to 15 minutes. Employee can work in area 8 hrs (longer with appropriate respiratory protection). | _____ | _____ |

REMARKS: _____

| GAS TESTER NAME & CHECK # | INSTRUMENT(S) USED | MODEL &/OR TYPE | SERIAL &/OR UNIT # |
|---------------------------|--------------------|-----------------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

SAFETY STANDBY PERSON IS REQUIRED FOR ALL CONFINED SPACE WORK

| SAFETY STANDBY PERSON(S) | CHECK # | CONFINED SPACE ENTRANT(S) | CHECK # | CONFINED SPACE ENTRANT(S) | CHECK # |
|--------------------------|---------|---------------------------|---------|---------------------------|---------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

SUPERVISOR AUTHORIZATION - ALL CONDITIONS SATISFIED: _____

DEPARTMENT: _____

PHONE: (____) _____ - _____

AMBULANCE 2800 FIRE 2900 SAFETY 4901 GAS COORDINATOR 4529/5387