Form 3 CONFINED SPACE ENTRY FORM & PERMIT

Instructions: Top half of form must be completed prior to entry into any non-permit confined space. Top AND Bottom half of form (the Permit) must be completed prior to entry into any PERMIT-REQUIRED space.

Date of entry: ____________________ Time of Entry: ____________________
Location: ________________________________ Type of space: ________________________________
Equipment to be worked on: ________________________________
Work to be performed & TMA #: ________________________________
Anticipated time needed to complete work: ________________________________
Anticipated Harzards: ________________________________
Entry personnel: ________________________________
Attendants: ________________________________

1. Atmospheric checks: Oxygen _______% O₂
   Explosive _______% L.F.L.
   Toxic _______ ppm
   Acceptable conditions
   19.5 % to 23.5 %
   <10% L.E.L./L.F.L.
   0-35 ppm Carbon Monoxide
   0-10 ppm Hydrogen Sulfide
   Atmospheric Tester's Initials: ____________________ Time: ____________________

2. Isolation of pumps/lines: N/A Yes No
   Pumps or lines blocked, blinked, or disconnected

3. Ventilation: N/A Yes No
   Mechanical
   Natural ventilation only

Confined Space Entry Permit (In addition to the above items, the following must be checked, verified, and completed prior to entry in any PERMIT-REQUIRED SPACE

Entry cannot be performed if any boxes are marked "No." This permit is valid for 8 hours only.

4. Hot work permit required
   ( ) ( ) ( )

5. Atmospheric checks after isolation and ventilation, if applicable:
   Oxygen: ____________ % O₂
   Explosive: ____________ % L.E.L
   Toxic: ____________ PPM

6. Communication procedures:

7. Lockout procedures, if applicable:

8. Entrant(s) and attendant(s) have successfully completed required training.
   Yes No

9. Attendant has means of communication to Fire Dept. for rescue
   ( ) ( )

10. Equipment: N/A Yes No
    Direct reading sampling device which is properly calibrated
    Safety harnesses and lifelines for entrants and attendants
    Mechanical retrieval/hosting equipment
    Communication equipment
    SCBA or Type C air line respirator
    Personal protective equipment and clothing
    Electrical equipment/Lighting/Non sparking Tools
    Traffic barriers/entrance covers

I have reviewed the work authorized by this permit and the information pertaining to each item. Safety procedures have been received and are understood by all personnel.

Entry Supervisor Signature: ________________________________