



The Associated General Contractors of America, Inc.

Confined Space Entry Permit # _____

Date and Time Issued: _____ Date and Time Expires: _____

Job site _____ Job Supervisor: _____

Equipment to be worked on: _____

Work to be performed: _____

1. Atmospheric Checks: Date & Time _____
Oxygen _____ %
L.E.L. _____ %
CO _____ PPM
H2S _____ PPM

2. Tester's signature: _____

3. Source isolation (No Entry): N/A Yes No
Pumps or lines blinded, () () ()
disconnected, or blocked () () ()

4. Ventilation Modification: N/A Yes No
Mechanical () () ()
Natural Ventilation only () () ()

5. Atmospheric check after Isolation and Ventilation:
Oxygen _____ %
L.E.L. _____ %
CO _____ PPM
H2S _____ PPM
Date & Time _____

Testers signature: _____

6. Communication procedures: _____

7. Rescue procedures: _____

8. Entry, standby, and back up persons: Yes No
Successfully completed required
training? () ()
Is it current? () ()

9. Equipment: N/A Yes No
Direct reading gas monitor -
tested () () ()
Safety harnesses and lifelines
for entry and standby persons () () ()
Hoisting equipment () () ()
Powered communications () () ()
SCBA's for entry and standby
persons () () ()

Protective Clothing	()	()	()
All electric equipment listed			
Class I, Division I, Group D			
and Non-sparking tools	()	()	()

We have reviewed the work authorized by this permit and the information contained here-in. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked in the "No" column. This permit is not valid unless all appropriate items are completed.

Permit Prepared By:
(Entry Supervisor)_____

Approved By: (Contractor)_____

Reviewed By (Owner)_____

This permit to be kept at job site. Return job site copy to Safety Office following job completion.

Copies: Copy - (Owner's Safety Office)
Copy - (Contractor(s))
Copy - (AGC office)

PERMIT VALID FOR 8 HOURS ONLY. *May be longer if continuous work without interruption is maintained.* **ALL COPIES OF PERMIT WILL REMAIN AT JOB SITE UNTIL JOB IS COMPLETED**

DATE: _____ SITE LOCATION and DESCRIPTION _____

PURPOSE OF ENTRY _____

Contractor(s): _____

Supervisor: _____

COMMUNICATION PROCEDURES _____

RESCUE PROCEDURES (PHONE NUMBERS) _____

PRIOR TO ENTRY*

<u>REQUIREMENTS COMPLETED</u>	<u>DATE</u>	<u>TIME</u>
Lock Out/De-energize/Try-out	_____	_____
Line(s) Broken-Capped-Blanked	_____	_____
Purge-Flush and Vent	_____	_____
Ventilation	_____	_____
Secure Area (Post and Flag)	_____	_____
Standby Safety Personnel	_____	_____
Full Body Harness w/"D" ring	_____	_____
Emergency Escape Retrieval Equip	_____	_____
Lifelines	_____	_____
Fire Extinguishers	_____	_____
Lighting (Explosive Proof)	_____	_____
Protective Clothing	_____	_____
Respirator(s) (Air Purifying)	_____	_____
Burning and Welding Permit	_____	_____

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

****RECORD CONTINUOUS MONITORING RESULTS EVERY HOUR****

<u>CONTINUOUS MONITORING**</u>	<u>Permissible</u>	_____						
TEST(S) TO BE TAKEN	Entry Level/Actual Work Area	_____	_____	_____	_____	_____	_____	_____
	Times:	_____	_____	_____	_____	_____	_____	_____
PERCENT OF OXYGEN	19.5% to 23.5%	_____	_____	_____	_____	_____	_____	_____
LOWER FLAMMABLE LIMIT	Under 10%	_____	_____	_____	_____	_____	_____	_____
CARBON MONOXIDE	+35 PPM	_____	_____	_____	_____	_____	_____	_____
Hydrogen Sulfide	+10 PPM *15PPM	_____	_____	_____	_____	_____	_____	_____

+ 8 hr. Time Weighted Avg.: Employee can work in area 8 hrs (longer if continuous without work interruptions.)

REMARKS: _____

<u>GAS TESTER NAME</u>	<u>TYPE</u>	<u>MODEL</u>	<u>SERIAL #</u>
_____	_____	_____	_____

<u>SAFETY STANDBY PERSON IS REQUIRED FOR ALL CONFINED SPACE WORK</u>			
<u>SAFETY STANDBY PERSON(S)</u>	<u>CONFINED SPACE ENTRANT(S)</u>	<u>CONFINED SPACE ENTRANT(S)</u>	<u>CHECK #</u>
_____	_____	_____	_____

ENTRY SUPERVISOR: _____

AGENCY/PHONE: _____