Jacobson & Greiner

Confined Space Entry Permit



This form must be filled out:

- 1. Prior to the entry into a confined space.
- 2. When there is a deviation from the original scope of work from the original entry.
- 3. For each entry point, if there is more than one on any vessel.
- 4. If the point of entry changes from the original.
- 5. Complete Section A and C for ANY Confined Space Entry
- 6. Complete Section A, B, and C for all Hazardous Confined Space Entry

Note: This document must be posted at the point of entry and remain in place until the work is complete, or points 2 or 4 above occur. If the job exceeds one shift this form is to be given to the next supervisor who will review it with the crew coming on.

SECTION A To be completed for <u>ALL</u> Confined Space Entry when work is performed.

Date:		Company:	
Worksite:			Jobsite:
Supervisor:			Work Order#
Emergency Pho	one Numbers:		First Aid Designate
Medical:			Crew:
Fire:	911		
Police:	911		Other:
First Aid Kit Loc	cation:		First Aid Facility:
Safety Shower/	′Eyewash:		
Scope of Work			

Will this work impact other workers in the area?	O2 Deficiency
Will other work in the area impact our workers?	 O2 Enrichment
Access/Egress to the work area	 Flammable Gases/Vapors
Dust/Mist/Fumes	Toxic Gases/Vapors
Mechanical hazards	Electrical hazards
Drowning/Entrapment	Restricted workspace
Visibility	Piping/Vessel isolation
Biological hazards	Entry/Exit unsafe
Fall concerns	Work procedure creates hazard
External process hazards	Multiple bed vessel
Temperature extremes	Noise
Over exertion	Scaffolding
Overhead obstructions	Lifting
Pinch points	 Slipping/Tripping
Chemical hazards	
Other:	

Last know substance in the confined space (obtain and attach SDS if required):

Steps to Minimize Identified Hazard							
Hazard	Measures Taken						

Isolation Procedures Lockout/Tag procedures reviewed Lockout box/board Mechanical lockout Mechanical tag out Piping drained Valves closed	 Electrical lockout Electrical tag out Piping disconnected Valves lockout out Confined space signs posted Area barricaded
Personal Protective Equipment	
 Hard Hat Face protection Gloves Coveralls Respirator Full Body Harness 	 Eye protection Hearing protection Fall protection Disposable coveralls Safety footwear Other: (specify)
Communication	
 Radio Voice Horn signals Hand signals Other:	Cell phones (list numbers):
Authorized Entrants	

Section B				
	To be comple	e <mark>ted for all</mark> <u>Haza</u>	rdous Confine	ed Space Entry
Atmospheric Testing	Gas tester mak	e and model		Bump Test
	Last calibratior	ו Date		
Test Frequency:	Continuous 1 hour	☐ 30 minutes☐ 2 hours	☐ 4 hours	
If the confined space is v	acated for a period	greater than 30 minute	s, an atmospheric tes	t must be completed before re-entry.
*See attached atmosphe	ric testing log for co	ntaminant levels.		
Ventilation Procedure:				
Procedure for Entry:				
Procedure for work insid	e			
	-			
Procedure for Exit:				
Procedure for Decontami	Ination:			
Safety Watch Attendant F	P.P.E. (if different fro	om above):		

Confined Spa	ce Atmospheric 1	Testing Log	
Test frequency:	□ Continuous	□ 30 minutes □ 2 hours	☐ 4 hours
Tester:			

Project: _____

Note: If the confined space is vacated for longer than 30 minutes, it must be tested again before re-entry.

Date	Time	02 19.5 - 23 %	LEL <10%	H2S <1ppm	CO <25 ppm	Other	Initials

A copy of the written entry plan must be readily available at the entrance of the confined space. A copy of the plan must also be centrally filed with Facilities Management.

Section C

To be completed for ALL Confined Space Entry

Confined Space Entry Log	
Date:	🗌 day shift
	,

🗌 night shift

Project: _____

Authorized Safety Watch Attendant(s):

Entrant	Date	Initial	In	Out								

I CERTIFY THAT ALL ENTRANTS LISTED HAVE VACATED THIS CONFINED SPACE.

Safety Watch Attendant