WORCing Permit-required Confined Space ©

Entry Permit

Date and Time Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date and Time Expires: \_\_\_\_\_\_\_\_

Job site/Space I.D.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equipment to be worked on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work to be performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hot Work Permit Required NA Yes No

If yes, is a Fire Extinguisher Available and Functional

Assigned Rescue personnel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Ambulance Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fire Department Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Atmospheric Checks:

 Initial Time \_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

 Oxygen \_\_\_\_\_\_\_\_% (must be between 19.5 to 23.5%)

 Explosive \_\_\_\_\_\_\_\_% under 10% L.F.L.

 Toxic \_\_\_\_\_\_\_\_PPM

 RECORD CONTINUOUS MONITORING RESULTS EVERY 2 HRS of CONTINUOUS MONITORING

 2 hrs 4 hrs 6 hrs

PERCENT OF OXYGEN 19.5% to 23.5% \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_

LOWER FLAMMABLE LIMIT Under 10% \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_

CARBON MONOXIDE +35 PPM \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_

Aromatic Hydrocarbon + 1 PPM \* 5PPM \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_

Hydrogen Cyanide (Skin) \* 4PPM \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_

Hydrogen Sulfide +10 PPM \*15PPM \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_

Sulfur Dioxide + 2 PPM \* 5PPM \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_

Ammonia \*35PPM \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_

\* Short-term exposure limit: Employee can work in the area up to 15 minutes.

+ 8 hr. Time Weighted Avg.: Employee can work in area 8 hrs (longer with appropriate

 respiratory protection).

Tester Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tester's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Energy Source isolation: N/A Yes No

 Electrical ( ) ( ) ( )

 Mechanical ( ) ( ) ( )

 Pneumatic ( ) ( ) ( )

 Chemical ( ) ( ) ( )

 Water Under Pressure ( ) ( ) ( )

 Thermal ( ) ( ) ( )

 Hydraulic ( ) ( ) ( )

 Gravity ( ) ( ) ( )

Ventilation Modification: N/A Yes No

 Mechanical is Necessary ( ) ( ) ( ) if yes, flow rate \_\_\_\_\_\_

 Natural Ventilation only ( ) ( ) ( )

Communication Preparation:

 Announcements Made: N/A Yes No

 Signs Posted: N/A Yes No

 Radio Devices Used: N/A Yes No

 Hand Signals Discussed: N/A Yes No

 Verbal Communication: N/A Yes No

 Contractor Information Exchange Occurred: N/A Yes No

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Rescue Preparation:

Is a rescue team on standby? N/A Yes No

Note Special Rescue Procedures:

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Entry, Attendant, and Rescue Persons: Yes No

 Training is current? ( ) ( )

 Equipment Inspection: N/A Yes No

 Direct reading gas monitor - tested ( ) ( ) ( )

 Safety harnesses(s) ( ) ( ) ( )

 Hoisting equipment ( ) ( ) ( )

 Powered communications ( ) ( ) ( )

 SCBA's ( ) ( ) ( )

 Protective Clothing ( ) ( ) ( )

 Electric Equipment Barriers and PPE ( ) ( ) ( )

 Non-sparking tools ( ) ( ) ( )

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved By:(Supervisor)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed By:(Operations Personnel)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (printed name) (signature)

Draw Space or Place Picture Here: