



# ALLTECH ENGINEERING CORP

## Confined Space Entry Permit

Entry Supervisor: \_\_\_\_\_ Job Scope: \_\_\_\_\_

Entry Attendant(s) (print): \_\_\_\_\_

Work Scope: \_\_\_\_\_

Date and Time issued: \_\_\_\_\_ Jobsite/Job Number: \_\_\_\_\_

Standby Personnel: \_\_\_\_\_

|                             |                 |       |  |                           |
|-----------------------------|-----------------|-------|--|---------------------------|
| <b>1. Atmospheric Test:</b> | Time _____      |       |  | <b>Test Equipment</b>     |
|                             | Oxygen _____    | %     |  | Make _____                |
|                             | Explosive _____ | % LEL |  | Model/Unit # _____        |
|                             | Toxic _____     | PPM   |  | Date of Calibration _____ |
|                             | CO _____        | PPM   |  | Other Equipment _____     |

2. Tester's Signature: \_\_\_\_\_

|                                       |            |            |           |
|---------------------------------------|------------|------------|-----------|
| <b>3. Source Isolation (No Entry)</b> | <b>N/A</b> | <b>Yes</b> | <b>No</b> |
| Pumps or lines blinded                | ( )        | ( )        | ( )       |
| Disconnected or blocked               | ( )        | ( )        | ( )       |

|                                    |            |            |           |
|------------------------------------|------------|------------|-----------|
| <b>4. Ventilation Modification</b> | <b>N/A</b> | <b>Yes</b> | <b>No</b> |
| Mechanical                         | ( )        | ( )        | ( )       |
| Air Exchange Verified?             | ( )        | ( )        | ( )       |
| Natural Ventilation only           | ( )        | ( )        | ( )       |

**5. Atmospheric Check After Isolation and Ventilation**

*This is for the retest after ventilation*

|                 |       |          |
|-----------------|-------|----------|
| Oxygen _____    | %     | > 19.5%  |
| Explosive _____ | % LEL | < 10%    |
| Toxic _____     | PPM   | < 10 PPM |
| CO _____        | PPM   | < 35 PPM |
| Time _____      |       |          |

6. Tester's Signature: \_\_\_\_\_

7. Communication Procedures: \_\_\_\_\_

8. Rescue Procedures: \_\_\_\_\_

|   |            |           |
|---|------------|-----------|
| <b>9. Entry, Standby, and Back up Persons</b> | <b>Yes</b> | <b>No</b> |
| Confined Space Qualified?                     | ( )        | ( )       |
| Currency of Training Verified?                | ( )        | ( )       |

|   |            |            |           |
|---|------------|------------|-----------|
| <b>10. Equipment</b>                    | <b>N/A</b> | <b>Yes</b> | <b>No</b> |
| Direct Reading Gas Monitor (calibrated) | ( )        | ( )        | ( )       |
| Safety Harnesses and Lifelines          | ( )        | ( )        | ( )       |
| Hoisting Equipment (Powered)            | ( )        | ( )        | ( )       |
| Hoisting Equipment (Manual)             | ( )        | ( )        | ( )       |
| Communications                          | ( )        | ( )        | ( )       |
| SCBA gear                               | ( )        | ( )        | ( )       |
| Respirator                              | ( )        | ( )        | ( )       |
| Personal Protective Equipment           | ( )        | ( )        | ( )       |



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**11. Class I, Division I, Group D Environment? IF NO, GO TO #12**

Are All tools Rated For a Flammable Environment?

- Non-Sparking Tools
- Welding Tools
- Lighting (electrical)
- Lighting (hand-held, hardhat)
- Electrical Tools
- Any Battery Powered Tools
- Everything Entering Confined Space Safe in Class I, Division I

Yes ( )

No ( )

- |     |     |     |
|-----|-----|-----|
| N/A | Yes | No  |
| ( ) | ( ) | ( ) |
| ( ) | ( ) | ( ) |
| ( ) | ( ) | ( ) |
| ( ) | ( ) | ( ) |
| ( ) | ( ) | ( ) |
| ( ) | ( ) | ( ) |
| ( ) | ( ) | ( ) |

**12. Periodic Atmospheric Tests** *Test every 30 minutes. Record H<sub>2</sub>S ppm, CO ppm, O<sub>2</sub> %, and LEL %, and the time of test.*

|   |   |   |   |   |
|---|---|---|---|---|
| O <sub>2</sub> _____ LEL _____<br>H <sub>2</sub> S _____ CO _____<br>Time _____ | O <sub>2</sub> _____ LEL _____<br>H <sub>2</sub> S _____ CO _____<br>Time _____ | O <sub>2</sub> _____ LEL _____<br>H <sub>2</sub> S _____ CO _____<br>Time _____ | O <sub>2</sub> _____ LEL _____<br>H <sub>2</sub> S _____ CO _____<br>Time _____ | O <sub>2</sub> _____ LEL _____<br>H <sub>2</sub> S _____ CO _____<br>Time _____ |
| O <sub>2</sub> _____ LEL _____<br>H <sub>2</sub> S _____ CO _____<br>Time _____ | O <sub>2</sub> _____ LEL _____<br>H <sub>2</sub> S _____ CO _____<br>Time _____ | O <sub>2</sub> _____ LEL _____<br>H <sub>2</sub> S _____ CO _____<br>Time _____ | O <sub>2</sub> _____ LEL _____<br>H <sub>2</sub> S _____ CO _____<br>Time _____ | O <sub>2</sub> _____ LEL _____<br>H <sub>2</sub> S _____ CO _____<br>Time _____ |
| O <sub>2</sub> _____ LEL _____<br>H <sub>2</sub> S _____ CO _____<br>Time _____ | O <sub>2</sub> _____ LEL _____<br>H <sub>2</sub> S _____ CO _____<br>Time _____ | O <sub>2</sub> _____ LEL _____<br>H <sub>2</sub> S _____ CO _____<br>Time _____ | O <sub>2</sub> _____ LEL _____<br>H <sub>2</sub> S _____ CO _____<br>Time _____ | O <sub>2</sub> _____ LEL _____<br>H <sub>2</sub> S _____ CO _____<br>Time _____ |
| O <sub>2</sub> _____ LEL _____<br>H <sub>2</sub> S _____ CO _____<br>Time _____ | O <sub>2</sub> _____ LEL _____<br>H <sub>2</sub> S _____ CO _____<br>Time _____ | O <sub>2</sub> _____ LEL _____<br>H <sub>2</sub> S _____ CO _____<br>Time _____ | O <sub>2</sub> _____ LEL _____<br>H <sub>2</sub> S _____ CO _____<br>Time _____ | O <sub>2</sub> _____ LEL _____<br>H <sub>2</sub> S _____ CO _____<br>Time _____ |
| O <sub>2</sub> _____ LEL _____<br>H <sub>2</sub> S _____ CO _____<br>Time _____ | O <sub>2</sub> _____ LEL _____<br>H <sub>2</sub> S _____ CO _____<br>Time _____ | O <sub>2</sub> _____ LEL _____<br>H <sub>2</sub> S _____ CO _____<br>Time _____ | O <sub>2</sub> _____ LEL _____<br>H <sub>2</sub> S _____ CO _____<br>Time _____ | O <sub>2</sub> _____ LEL _____<br>H <sub>2</sub> S _____ CO _____<br>Time _____ |

“We have reviewed the work authorized by this permit and the information contained within. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if anything has been marked with a “no” response. This permit is not valid unless all areas on this permit are complete, reviewed, verified, and signed by the appropriate authority and the attendant has signed to take responsibility for the entryway. No entry may take place until the entrant signs below to affirm that they realize the conditions of the confined space, the scope of the work to be performed, and the dangers, both potential and real, are understood.”

**Permit Prepared by** (Entry Supervisor):           (PRINT)          

**Entrant Record** (Record First Initial, Last Name, Time In, and Time Out)

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\_\_\_\_\_  
(Attendant signature)

\_\_\_\_\_  
(Attendant signature)

\_\_\_\_\_  
(Entry Supervisor signature)

\_\_\_\_\_  
(Time/Date Entry Permit Closed)

This permit is to be kept and posted at the jobsite in a conspicuous location until either the job is complete, in which the confined space will be covered and rendered safe or closed at shift end. A new permit must be issued at the beginning of each shift. All closed permits must be returned to Alltech Engineering Corp Safety Department.