

PERMIT #: \_\_\_\_\_

VAHCS MEMORANDUM 516-11-00-161

APPENDIX C

**CONFINED SPACE ENTRY PERMIT/CHECKLIST**

|                      |  |                       |  |
|----------------------|--|-----------------------|--|
| <b>Procedure #</b>   |  |                       |  |
| <b>Space Name:</b>   |  | <b>Location:</b>      |  |
| <b>Date Created:</b> |  | <b>Revision Date:</b> |  |

| 1. BASIC ENTRY INFORMATION |                       | 2. PURPOSE OF ENTRY* |
|----------------------------|-----------------------|----------------------|
| <b>Date Issued:</b>        |                       |                      |
| <b>Time Issued:</b>        | AM or PM (Circle One) |                      |
| <b>Date Expires:</b>       |                       |                      |
| <b>Time Expires:</b>       |                       |                      |
| <b>Entry Supervisor:</b>   |                       |                      |

\*If "hot work" is to be conducted, complete and attach a "Hot Work Permit" to this form

| 3. HAZARD ABATEMENT                                |                  |  |
|--|------------------|--|
| <i>Check off each hazard as it is abated</i>       |                  |  |
| HAZARD OF CONFINED SPACE                           | ABATEMENT METHOD |  |
| 1. <input type="checkbox"/> Electrical Hazard      |                  |  |
| 2. <input type="checkbox"/> Oxygen deficiency      |                  |  |
| 3. <input type="checkbox"/> Combustible gas/vapor  |                  |  |
| 4. <input type="checkbox"/> Combustible dust       |                  |  |
| 5. <input type="checkbox"/> Toxic fumes            |                  |  |
| 6. <input type="checkbox"/> Carbon Monoxide        |                  |  |
| 7. <input type="checkbox"/> Toxic gas/vapor        |                  |  |
| 8. <input type="checkbox"/> Hydrogen Sulfide       |                  |  |
| 9. <input type="checkbox"/> Skin- chemical hazards |                  |  |
| 10. <input type="checkbox"/> Mechanical hazards    |                  |  |
| 11. <input type="checkbox"/> Engulfment hazards    |                  |  |
| 12. <input type="checkbox"/> Entrapment hazards    |                  |  |
| 13. <input type="checkbox"/> Thermal hazards       |                  |  |
| 14. <input type="checkbox"/> Slip or fall hazards  |                  |  |
| 15. <input type="checkbox"/> Others                |                  |  |

| 4. ATMOSPHERIC MONITORING  |       |                          |                        |                |                             |                 |                     |
|--|-------|--------------------------|------------------------|----------------|-----------------------------|-----------------|---------------------|
| <input type="checkbox"/> Gas monitor was tested/calibrated in fresh air prior to use |       |                          |                        |                |                             |                 |                     |
| Indicate where monitor will be located during entry:                                 |       |                          |                        |                |                             |                 |                     |
| Purpose  | Time  | Oxygen<br>19.5% to 23.5% | Explosive<br>< 10% LFL | CO<br>< 35 ppm | H <sub>2</sub> S<br><10 ppm | Other<br>Hazard | Tester<br>Signature |
| <b>Initial:</b>  | AM/PM |                          |                        |                |                             |                 |                     |
| <b>After Ventilation:</b>  | AM/PM |                          |                        |                |                             |                 |                     |

PERMIT #: \_\_\_\_\_

| <input type="checkbox"/> Gas monitor was tested/calibrated in fresh air prior to use |       |                          |                        |                |                             |                 |                     |
|--|-------|--------------------------|------------------------|----------------|-----------------------------|-----------------|---------------------|
| Indicate where monitor will be located during entry:                                 |       |                          |                        |                |                             |                 |                     |
| Purpose  | Time  | Oxygen<br>19.5% to 23.5% | Explosive<br>< 10% LFL | CO<br>< 35 ppm | H <sub>2</sub> S<br><10 ppm | Other<br>Hazard | Tester<br>Signature |
| Initial:   | AM/PM |                          |                        |                |                             |                 |                     |
| After<br>Ventilation:  | AM/PM |                          |                        |                |                             |                 |                     |
| Initial:   | AM/PM |                          |                        |                |                             |                 |                     |
| After<br>Ventilation:  | AM/PM |                          |                        |                |                             |                 |                     |
| Initial:   | AM/PM |                          |                        |                |                             |                 |                     |
| After<br>Ventilation:  | AM/PM |                          |                        |                |                             |                 |                     |

| 5. PERSONNEL LIST     |        |                          |                         |        |                          |
|-----------------------|--------|--------------------------|-------------------------|--------|--------------------------|
| Authorized Entrant(s) |        |                          | Authorized Attendant(s) |        |                          |
| Name                  | Number | Trained?                 | Name                    | Number | Trained?                 |
|                       |        | <input type="checkbox"/> |                         |        | <input type="checkbox"/> |
|                       |        | <input type="checkbox"/> |                         |        | <input type="checkbox"/> |
|                       |        | <input type="checkbox"/> |                         |        | <input type="checkbox"/> |

| 6. RESCUE (NON-ENTRY)   |        |                          |                          |
|---|--------|--------------------------|--------------------------|
| <b>Rescue Equipment Checklist</b>   |        |                          |                          |
| <input type="checkbox"/> Contact Seminole Fire Department prior to entry (727)588-4765<br><input type="checkbox"/> Movable winch mounted on overhead track with long control cord<br><input type="checkbox"/> Full body harness(es)<br><input type="checkbox"/> Cell Phone / Two-way Radio<br><input type="checkbox"/> Emergency Phone Numbers<br><input type="checkbox"/> Notify the Safety Office that an entry is about to begin |        |                          |                          |
| Notify the Safety Office that an entry is about to begin and to be available for emergency calls  |        |                          |                          |
| Rescue Personnel  |        |                          | General Rescue Procedure |
| Name  | Number | Trained?                 |                          |
|   |        | <input type="checkbox"/> |                          |
|   |        | <input type="checkbox"/> |                          |
|   |        | <input type="checkbox"/> |                          |

| 7. GENERAL EQUIPMENT CHECKLIST   |   |
|--|---|
| <input type="checkbox"/> MSA Altair 4 Gas Monitor<br><input type="checkbox"/> Class 1 Division 1 Electrical Equipment<br><input type="checkbox"/> Full body harness(es)<br><input type="checkbox"/> Personal Protective Equipment<br><input type="checkbox"/> Fire Extinguisher<br><input type="checkbox"/> Lighting (Explosive proof/low voltage) | <input type="checkbox"/> Barricade<br><input type="checkbox"/> Cell Phone / Two-way Radio<br><input type="checkbox"/> Lighting (explosive proof/low voltage)<br><input type="checkbox"/> Non Sparking Tools<br><input type="checkbox"/> Breathing apparatus- respirator<br><input type="checkbox"/> LifeLines |

PERMIT #: \_\_\_\_\_

| 8. APPROVAL  |  |              |  |              |  |
|--|--|--------------|--|--------------|--|
| <i>I have reviewed all work authorized by this permit and the information contained here-in. Written instructions and safety procedures have been received and understood. All personnel involved in this entry have been given the opportunity to review this permit. This permit is not valid unless all applicable items are completed.</i> |  |              |  |              |  |
| <b>Entry Supervisor Signature:</b>   |  | <b>Date:</b> |  | <b>Time:</b> |  |

| 9. PERMIT CANCELLATION             |  |              |  |              |  |
|------------------------------------|--|--------------|--|--------------|--|
| <b>Entry Supervisor Signature:</b> |  | <b>Date:</b> |  | <b>Time:</b> |  |

| 10. ENTRY PROCEDURE CHECKLIST |   |
|-------------------------------|---|
| <input type="checkbox"/>      | Obtain a Permit-Confined Space Entry Form from the Safety Office  |
| <input type="checkbox"/>      | Notify Supervisor before the Confined Space Entry   |
| <input type="checkbox"/>      | Verify Confined Space Meter has been calibrated and is in working order   |
| <input type="checkbox"/>      | Complete the top portion of the Permit-Confined Space Entry Form  |
| <input type="checkbox"/>      | Ensure all rescue equipment (e.g. tripod, body-belt, lanyard) is in place prior to entry  |
| <input type="checkbox"/>      | Monitor the confined space with the MSA 4-Gas Detector prior to entry. The entrant and attendant should sign the permit authorization section on the bottom of the permit to ensure all actions and conditions necessary for safe entry have been performed.  |
| <input type="checkbox"/>      | Employee entering the confined space should wear the 4-Gas Detector after the pre-atmosphere test. The employee should also have a full body harness and lanyard attached to the rescue tripod. Employee shall have a radio and any other necessary personal protective equipment.  |
| <input type="checkbox"/>      | Employee can enter the confined once PREVIOUS REQUIREMENT is completed. The entrant and attendant should complete the Hazards of Confined Spaces and Special Requirements Section of the Permit-Confined Space Entry Form once the employee is within the confined space. The entrant should also gather the % Oxygen, % Explosive Gases, Carbon Monoxide, and Hydrogen Sulfide readings and communicate them to the attendant to place on the Permit Form. |
| <input type="checkbox"/>      | The attendant should maintain constant communication with the entrant until the entrant has exited the confined space.  |
| <input type="checkbox"/>      | The attendant should contact Supervisor once the entrant has exited the confined space.   |
| <input type="checkbox"/>      | The Permit-Confined Space Entry Form should be given to the Safety Office, to file in the Confined Space Records.   |

**PERMIT #:** \_\_\_\_\_[illegible]

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### **CONFINED SPACE ENTRY PROCEDURES SUMMARY**

1. Conduct pre-entry briefing
2. Assemble, check, and or calibrate equipment
3. Establish acceptable entry conditions
4. Initiate hot work permit (if applicable)
5. Conduct initial air sampling
6. Execute and complete entry permit
7. Contact Seminole Fire Department (727)588-4765 to notify them of the confined space entry
8. Station entry attendant
9. Establish monitoring of the atmosphere
10. Establish communication
11. Post confined space entry permit
12. Enter space
13. Post-entry debrief if problems were encountered
14. Cancel permit and return a copy to the Safety Office