

Beeler Construction Confined Space Entry Permit

Why can't this be considered an Alternative Entry? _____

It is company policy NOT to enter into a confined space when Atmospheric hazards are not controllable

Location: _____ **Type of Space:** Sewer Other: _____
Reason for Entry: _____

Note: This permit SHALL be posted at the entry point "Per OSHA"

| | | |
|--|---|--|
| <p>Atmospheric Hazards:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Oxygen deficiency (less 19.5) <input type="checkbox"/> Oxygen enrichment (Greater 23.5%) <input type="checkbox"/> Combustible gas <input type="checkbox"/> Flammable gas (below 10%) <input type="checkbox"/> Toxic contaminants <input type="checkbox"/> Other: _____ <p><i>If atmospheric hazards are not controllable "Do not enter" the confined space</i></p> | <p>Physical Hazards:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Heat <input type="checkbox"/> Chemical/Biological <input type="checkbox"/> High Noise <input type="checkbox"/> Low visibility <input type="checkbox"/> Long distance to exit <input type="checkbox"/> Slips, trips and falls <input type="checkbox"/> Other: _____ | <p>Hazard Controls:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ventilation <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Chemical/Biological <input type="checkbox"/> Purging <input type="checkbox"/> Barriers/Guardrails <input type="checkbox"/> Fall Protection <input type="checkbox"/> Other: _____ <p><i>The policy will not require workers to enter a confined space if respirators are required.</i></p> |
|--|---|--|

| | | |
|---------------------------|------------------------------------|--|
| <p>Date: _____</p> | <p>Time Entering: _____</p> | <p>Time Canceled: _____ Why Canceled: _____</p> |
|---------------------------|------------------------------------|--|

Estimate Time of Entry Operations: _____ *(When time is expired permit is canceled and operation shall cease)*

Employee Signatures: *(Entering= E) (Attendant= A) (Trained to Enter=T)*

| | | |
|---|---|---|
| 1. _____ <input type="checkbox"/> E <input type="checkbox"/> A <input type="checkbox"/> T | 2. _____ <input type="checkbox"/> E <input type="checkbox"/> A <input type="checkbox"/> T | 3. _____ <input type="checkbox"/> E <input type="checkbox"/> A <input type="checkbox"/> T |
| 4. _____ <input type="checkbox"/> E <input type="checkbox"/> A <input type="checkbox"/> T | 5. _____ <input type="checkbox"/> E <input type="checkbox"/> A <input type="checkbox"/> T | 6. _____ <input type="checkbox"/> E <input type="checkbox"/> A <input type="checkbox"/> T |
| 7. _____ <input type="checkbox"/> E <input type="checkbox"/> A <input type="checkbox"/> T | 8. _____ <input type="checkbox"/> E <input type="checkbox"/> A <input type="checkbox"/> T | 9. _____ <input type="checkbox"/> E <input type="checkbox"/> A <input type="checkbox"/> T |

Atmospheric Testing *(Gas monitor shall be inside the confined space & continuously monitoring the air quality)*

Date of Monitor Last Calibration: _____ **Type of Gas Monitor:** _____

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|--|---|
| <p>Pre-Entry Testing Time Tested: _____</p> <p>Oxygen _____ CO2 _____</p> <p>LEL _____ H2S _____</p> <p><i>If any of the above is present in the space, DO NOT Enter. Contact management and owner of the confined space</i></p> | <p>Continues Testing Time Ended Testing: _____</p> <p>Oxygen _____ CO2 _____</p> <p>LEL _____ H2S _____</p> <p><i>If detected exit space! Enter the reading(s).</i></p> <p>Tester's Signature: _____</p> |
|--|---|

Ventilation Equipment *(Provide continues ventilation)*

Type: Forced Exhausted Confined Space Blower CFM: _____ Confined Space Size: _____
 Estimated Approximate Purge Time: _____

Communication Procedures

Radio Visual Voice Rope Signal Phone
 Other : _____

PPE: Coveralls Tyvek® suit Leather gloves Chemical resistant gloves Eye protection Hard Hat
 Hearing protection Safety shoes/boots Harness/lifeline & Tripod/winch Other: _____

Traffic Control: Barricades Vests Flags Signs

Rescue Team Phone Number: _____ **Rescue Team Name and address:** _____
 _____ **Name of Person Who Was Contacted:** _____

I Assume The Responsibility of The Entry Supervisor and Approve This Permit:
Entry Supervisor (Print): _____ **Sign:** _____
Date: _____ **Time:** _____ *Note: Use the back side for any comments*