

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

<p><b>Pre-Entry Testing</b> 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><b>Continues Testing</b> 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>
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**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*