This form designed to be carbonless.

(Insert City Name)
CONFINED SPACE ENTRY INSTRUCTIONS

(Tear off this sheet, Permit Form Below)

Page 1 & 2: Instruction sheet – Print front and back. For ease of reading, flip pages up. (Heavy weight paper).

Page 3: Copy of permit.

Page 4 & 5: Copy of permit with roster page on the back. (Card stock or similar material).

Note: It is beneficial to mark the bottom of the first copy of permit with who to submit the completed form to (i.e. **Department Director**) *and the second copy with* **Post at Job Site – Forward to Safety Upon Completion**

The following instructions provide information on completing the attached Confined space Entry form. This is not a substitute for training on confined space entry operations and associated hazards. Each section of the form is briefly covered below. All blanks must be checked off, filled in or indicated as Not Applicable.

SCOPE

Confined Space Entry permits are effective for one (1) work shift. Should the confined space be abandoned for more than one hour, the atmosphere must be retested prior to resuming the work. The permit is issued to a specific, single job site and must be posted in a conspicuous place, close to the entrance of the confined space. The "Specific Location" must describe the space to be entered. A new permit shall be issued (with a new form completed) whenever work activities or the job site conditions introduce new hazards or when work must continue beyond the expiration date and time.

PREPARATION (PREP.)

Adequate preparation of the confined space includes isolation and ventilation, and may include purging, steaming, water washing and rinsing, electrical lockout, and related processes. The method is dependent on the contents of the confined space and its configuration. Initial cleaning shall be done from the outside if at all possible. Heated or steamed spaces must be allowed to cool to an acceptable temperature prior to entry. Special administrative procedures or personal protective equipment must be used to address temperatures over 100° F or less than 50° F (over 35° C or less than 9° C).

Isolation of all energy sources must be accomplished prior to entry. Energy sources include electrical, hydraulic, and pneumatic. These sources shall be identified and isolated to a **Zero Energy State**. The preferred method for isolating electrical sources is physical disconnect and lockout / tagout. Preferred methods for isolating piping include breaking, capping or blanking.

Forced air ventilation is the preferred method for eliminating or controlling confined space hazardous atmospheres. Adequate ventilation must be established and maintained throughout the confined space entry operations.

ATMOSPHERIC TESTING

The atmosphere in a confined space may be oxygen deficient or enriched, flammable and/or toxic. In addition, the contents of the space may be corrosive, reactive, or may present other physical or health hazards. Testing and evaluating the atmosphere for oxygen concentration and flammability, (Lower Explosive Limit or LEL) is required. Testing for temperature extremes or other toxins may be required based on previous history of the space. **Atmospheric tests are always performed in the following order: Oxygen Level, LEL, then known or suspected toxins or other physical and/or health hazards**. Continuous monitoring should be used if rapid atmospheric changes are possible or anticipated, or if the space cannot be isolated, such as a sewer or tunnel system

All atmospheric testing equipment must be calibrated regularly per manufacturers instructions and field calibrated prior to each use. Atmospheric test samples shall be taken at different levels, if stratification of gases or vapors is possible. In some cases, ventilation of the confined space may be temporarily discontinued during atmospheric testing.

No entry will be made when the oxygen level is over 23.5% or if the LEL reading is over 10%. Oxygen levels of less than 19.5% are considered IDLH and require maximum respiratory protection, if entry is necessary. The entry permit shall be canceled and reevaluated if subsequent tests show changes (up or down) of 2% or greater in oxygen or LEL readings.

PROTECTIVE EQUIPMENT

Confined Space Entry operations shall be barricaded to provide a clear work area and to keep unauthorized personnel out. All portable electrical equipment must be equipped with a ground fault circuit interrupter (GFCI). If flammable or explosive atmospheres are possible, all interior or entry way lighting must be rated for use in hazardous locations (i.e. explosion proof and/or low voltage).

Any equipment that could generate static charge must be adequately grounded and bonded (i.e. hydroblasters, steam machines, hose nozzles, vacuum trucks, air movers etc.). Ladders must be properly secured for use. Vertical entries over four (4) feet may require special fall arresting and retrieval equipment.

A qualified person shall specify Personal Protective Equipment (PPE) for all authorized entrants, attendants and potential rescue personnel after completing a hazard assessment at the work site. Consideration must be given to dusts, vapors, mists, fumes, oxygen deficiency, corrosive materials, flying objects, high noise levels, slippery footing, temperature extremes, and other known or suspected hazards. Personnel using respiratory protective equipment must be trained and medically approved. Workers using impervious clothing such as rain gear must be carefully monitored for heat stress.

COMMUNICATION AND EMERGENCY ACTION

The attendant must be able to communicate with authorized entrants at all times. Whatever communication method is chosen, all members of the confined space entry team must be able to use and understand the method, including emergency signals.

The Emergency Phone Number must be boldly written in the box on the form, along with the location of the nearest phone or radio.

Rescue action is best taken from outside the confined space utilizing retrieval equipment. This is especially true for vertical entries over four (4) feet in depth. The use of full body harnesses, lifelines and rescue winches are examples of retrieval equipment. The specific type of retrieval equipment needed will depend on specific circumstance such as the size and location of opening, number of entrants, and/or the internal configuration of the confined space. A rescue team must be designated for all Confined Space Entry operations. The key is to be prepared to initiate the rescue/retrieval and administer first aid or CPR if necessary.

PERMIT AUTHORIZATION

This section must be signed to acknowledge that all required Confined Space Entry preparations, atmospheric tests and related calibrations, hazard assessment, and the emergency rescue procedures have been completed. The signature also acknowledges that the required protective equipment is present at the job site and will be used in accordance with the permit requirements and that all provisions of the permit have been reviewed with all personnel involved prior to starting the job.

ADDITIONAL INFORMATION ON CONFINED SPACE ENTRY PROCEDURES CAN BE FOUND IN THE SAFETY POLICIES AND PROCEDURES MANUAL FOR THE CITY OF DECATUR.

ADDITIONAL EMERGENCY PROCEDURE SPACE

Potential Emergency Situations _____

_____

_____

_____

_____

_____

_____

Actions to be Taken _____

_____

_____

_____

_____

_____

SCOPE

Date of Entry: _____ Duration: From _____ A.M. / P.M. To _____ A.M. / P. M.

Location & Description of Space:_____

Purpose of Entry:_____

PREP.

	YES	NO	N/A
Lines Broken / Capped / Blanked	☐	☐	☐
Purge Area - Flush and Vent	☐	☐	☐
Secure Area - Post & Barricade	☐	☐	☐
Mechanical Ventilation	☐	☐	☐
Energy sources shut-off & locked out. (zero energy state)	☐	☐	☐
Are additional permits required?			
Hot Work	☐	☐	☐
Energized work	☐	☐	☐

Air Monitoring Equipment Data

Instrument: _____

Serial #: _____

Most Recent Calibration: _____

Field Calibration O.K. ☐ **YES** ☐ **NO**

Atmospheric Testing

Type	% Oxygen	% LEL	H_2S	CO	Chlorine	Temperature	Other
Time							
% or PPM							
Tested by							
Action Levels	Less than 19.5% More than 23.5%	10% L.E.L. if <10% evaluate for toxicity	5 ppm	20 ppm	1 ppm		

Is Continuous Monitoring Required?

☐ **YES** ☐ **NO**

Operational Equipment

	YES	NO	N/A		YES	NO	N/A
Warning signs, barricades	☐	☐	☐	Ground fault circuit interrupter	☐	☐	☐
Barricade tapes / cones	☐	☐	☐	Lighting (hazard rated)	☐	☐	☐
Ventilation fan or blower	☐	☐	☐	Grounding and/or Bonding	☐	☐	☐
Mechanical Ventilation	☐	☐	☐	Ladder	☐	☐	☐
Fire equipment in place	☐	☐	☐	Spark proof tools	☐	☐	☐

Other (specify): _____

Personal Protective Equipment

	YES	NO	N/A		YES	NO	N/A
Full-Body Harness	☐	☐	☐	Hard Hats	☐	☐	☐
Protective Clothing / Coveralls	☐	☐	☐	Hearing Proteciton	☐	☐	☐
Eye Protection (glasses, googles)	☐	☐	☐	Manhole Ring Protector	☐	☐	☐
Face protection (face shield)	☐	☐	☐	Gloves: Type_____	☐	☐	☐
Footwear (safety shoes, boots)	☐	☐	☐	Respirator: Type _____	☐	☐	☐

Other (specify): _____

Communication and Emergency Action

Emergency Phone Number [ ]

Location of nearest phone / radio _____

Designated Rescue Team: _____

Rescue Team notified? ☐ **YES** ☐ **NO**

Rescue Procedure: Contact Morgan County 911 to dispatch Decatur Fire Rescue Team

Rescue Equipment On Site:

Rescue Winch ☐ Lifeline ☐

Davit / Tripod ☐ Harness ☐

Other (specify): _____

Communications

Radio ☐ Rope Signals ☐

Verbal ☐ Visual (hand signals) ☐

Other (specify): _____

SIGNATURES

CONFINED SPACE ATTENDANT (Add signatures if attendant changes)

I have checked all rescue and communication equipment and reviewed all emergency actions to be taken with authorized entrants.

_____ _____ _____

ENTRY SUPERVISOR

I have completed or properly evaluated all portions of this permit and verified that acceptable entry conditions exist. All personnel have reviewed the conditions of the permit and are adequately trained to perform this job.

_____ _____ _____ _____

Entry Supervisor | Time / Date | Relief Entry Supervisor | Time / Date

AUTHORIZED ENTRANT(S) ROSTER

DATE _____

We(I) have reviewed the potential emergency situations and actions to be taken. We(I) are familiar with all rescue equipment and communication methods.

	NAME/SS#	INITIALS	TIME-IN	TIME-OUT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				

PERMIT CANCELLATION

Provide a brief description of why the permit is cancelled (i.e., job completed, high LEL, etc.)

_____

_____

ADDITIONAL ATMOSPHERIC TESTS

OXYGEN			FLAMMABLE			H2S			OTHER		
TIME	%	INITIALS	TIME	%	INITIALS	TIME	PPM	INITIALS	TIME	PPM	INITIALS