

PERMIT MUST BE POSTED AT JOB SITE

DATE OF ACCESS: _____ START TIME: _____ END TIME: _____

BUILDING / LOCATION DESCRIPTION: _____

THIS PERMIT MUST BE COMPLETED BY ENTRY PERSONNEL AND RECEIVE EHS AUTHORIZATION PRIOR TO ENTRY. KEEP THIS PERMIT AT THE WORKSITE DURING OPERATIONS. RETURN COMPLETED PERMIT TO EHS (T-1475). PERMIT IS VALID FOR EIGHT (8) HOURS ONLY. A SEPARATE PERMIT IS REQUIRED FOR EACH JOB LOCATION.

CONFINED SPACE NUMBER: _____ TYPE OF CONFINED SPACE: _____

PURPOSE OF ENTRY: _____

COMPANY NAME: _____

ENTRANT SUPERVISOR: _____ PHONE: _____

ATTENDANT (SAFETY STANDBY): _____ PHONE: _____

COMMUNICATION EQUIPMENT / PROCEDURE: _____

AUTHORIZED ENTRANT(S):

CHECK ALL THAT APPLY			
POTENTIAL HAZARDS		PRE-ENTRY PRECAUTIONS CHECKLIST	
<input type="checkbox"/> Moving Equipment <input type="checkbox"/> Toxic Vapor <input type="checkbox"/> Unknown Chemicals <input type="checkbox"/> Flammables <input type="checkbox"/> Poor Ventilation <input type="checkbox"/> Corrosive Materials <input type="checkbox"/> Inadequate Light <input type="checkbox"/> Dust <input type="checkbox"/> Electrical Shock <input type="checkbox"/> Difficult Entry / Exit <input type="checkbox"/> Venomous Insects <input type="checkbox"/> Oxygen Deficiency	<input type="checkbox"/> Oxygen Enrichment <input type="checkbox"/> Heat <input type="checkbox"/> Chemical Input Lines <input type="checkbox"/> Steam Input Lines <input type="checkbox"/> Water Input Lines <input type="checkbox"/> Sludge <input type="checkbox"/> Falling Objects <input type="checkbox"/> Entrant Visibility <input type="checkbox"/> Poor Communication/Noise <input type="checkbox"/> Other:	<input type="checkbox"/> Lockout Equipment <input type="checkbox"/> Lockout Input Lines <input type="checkbox"/> Lockout Valves <input type="checkbox"/> Pipes Blanked <input type="checkbox"/> Provide Ventilation <input type="checkbox"/> Read SDS <input type="checkbox"/> Tripod and Harness <input type="checkbox"/> Respirator Onsite <input type="checkbox"/> First Aid Kit Onsite <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Eye Protection <input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Hot Work Permit <input type="checkbox"/> Area Secured (Barricade / Signs / Post / Cones) <input type="checkbox"/> Adequate Lighting <input type="checkbox"/> Non-Sparking Tools <input type="checkbox"/> Ground Fault <input type="checkbox"/> Rescue Plan Available <input type="checkbox"/> Personal Air Monitor <input type="checkbox"/> Rescue Personnel Ready <input type="checkbox"/> Other:

ATMOSPHERIC MONITORING RESULTS						
INSTRUMENT MODEL / TYPE:				CALIBRATION DATE:		
BATTERY CHECKED: <input type="checkbox"/> YES		STATUS: <input type="checkbox"/> Full <input type="checkbox"/> 3/4 <input type="checkbox"/> Half <input type="checkbox"/> 1/4 <input type="checkbox"/> Empty				
TEST	LIMIT	Initial Result	2 ND Hour	4 TH Hour	6 TH Hour	8 TH Hour
Oxygen	19.5% to 23.5%					
Combustibles (LEL)	< 10% LEL					
Carbon Monoxide	< 35 ppm					
Hydrogen Sulfide	< 10 ppm					
TIME TESTED						
ATMOSPHERIC TESTER NAME						

REVIEW / ACCESS AUTHORIZATION

EHS REPRESENTATIVE NAME: _____

MANAGER / SUPERVISOR NAME (of authorized entrants): _____

SIGNATURE: _____

SIGNATURE: _____

DATE: _____

PHONE: _____

DATE: _____

EMERGENCY NUMBERS

Emergencies / Rescue: 911	Fullerton Fire Dept.: (714) 738-6122	Service Center: (657) 278-3494
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