

**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"/> Oxygen Enrichment	<input type="checkbox"/> Lockout Equipment	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Toxic Vapor	<input type="checkbox"/> Heat	<input type="checkbox"/> Lockout Input Lines	<input type="checkbox"/> Hot Work Permit
<input type="checkbox"/> Unknown Chemicals	<input type="checkbox"/> Chemical Input Lines	<input type="checkbox"/> Lockout Valves	<input type="checkbox"/> Area Secured (Barricade / Signs / Post / Cones)	<input type="checkbox"/> Flammables	<input type="checkbox"/> Steam Input Lines	<input type="checkbox"/> Pipes Blanked	<input type="checkbox"/> Adequate Lighting
<input type="checkbox"/> Poor Ventilation	<input type="checkbox"/> Water Input Lines	<input type="checkbox"/> Provide Ventilation	<input type="checkbox"/> Adequate Lighting	<input type="checkbox"/> Corrosive Materials	<input type="checkbox"/> Sludge	<input type="checkbox"/> Read SDS	<input type="checkbox"/> Non-Sparking Tools
<input type="checkbox"/> Inadequate Light	<input type="checkbox"/> Falling Objects	<input type="checkbox"/> Tripod and Harness	<input type="checkbox"/> Ground Fault	<input type="checkbox"/> Dust	<input type="checkbox"/> Entrant Visibility	<input type="checkbox"/> Respirator Onsite	<input type="checkbox"/> Rescue Plan Available
<input type="checkbox"/> Electrical Shock	<input type="checkbox"/> Poor Communication/Noise	<input type="checkbox"/> First Aid Kit Onsite	<input type="checkbox"/> Personal Air Monitor	<input type="checkbox"/> Difficult Entry / Exit	<input type="checkbox"/> Other:	<input type="checkbox"/> Protective Clothing	<input type="checkbox"/> Rescue Personnel Ready
<input type="checkbox"/> Venomous Insects		<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Other:	<input type="checkbox"/> Oxygen Deficiency		<input type="checkbox"/> Hearing Protection	
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 <sup>ND</sup> Hour	4 <sup>TH</sup> Hour	6 <sup>TH</sup> Hour	8 <sup>TH</sup> 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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