

USACE DETROIT DISTRICT - Confined Space Entry Permit

SITE LOCATION: _____ **CONFINED SPACE:** _____

PURPOSE OF ENTRY: _____

ENTRY DATE & TIME: _____ **PERMIT EXPIRES DATE & TIME:** _____

NOTES:

- PERMIT VALID FOR 8 HOURS MAX.
- A COPY OF PERMIT WILL REMAIN AT JOB SITE UNTIL JOB IS COMPLETE
- SEND A COPY OF COMPLETED PERMIT TO District Safety Office

WORK & RESCUE CREW INFORMATION:

- SUPERVISOR: _____ PHONE #: _____
- ATTENDENT: _____ PHONE #: _____
- CONPENTANT PERSON: _____ PHONE #: _____
- ENTRANT: _____ PHONE #: _____
- ENTRANT: _____ PHONE #: _____
- ENTRANT: _____ PHONE #: _____
- STAND-BY RESCUE: _____ PHONE #: _____

REQUIREMENTS TO BE COMPLETED PRIOR TO ENTRY: (enter n/a for items that do not apply)

<u>Completed</u> <u>Date & Time</u>	<u>Item</u>	<u>Completed</u> <u>Date & Time</u>	<u>Item</u>
_____	Lock Out / De-energize / Tag Out	_____	Lines, Broken, Capped, Blanked
_____	Purge, Flush Vent	_____	Ventilation
_____	Breathing Apparatus	_____	Emergency Escape Retrieval Equipment
_____	Communications	_____	Atmosphere/Air Monitoring
_____	Secure Area	_____	Life Lines
_____	Stand-By Rescue Team Off Site	_____	Full-Body Harness
_____	Fire Extinguisher(s)	_____	1 st Aid Kit
_____	Explosive Proof Lighting	_____	Protective Clothing/PPE
_____	Burning/Welding Hot Permit	_____	Informed SSMFD of C.S. entrance

CONTINUOUS MONITORING REQUIREMENTS (record results every 2 hours)

Test To Be Taken	Permissible Entry Results	am/pm	am/pm	am/pm	am/pm	am/pm
Percent of Oxygen	19.5%-23.5%	_____	_____	_____	_____	_____
Lower Flammable Limit/LEL	Under 10%	_____	_____	_____	_____	_____
Carbon Monoxide	+35 PPM	_____	_____	_____	_____	_____
Hydrogen Sulfide	+10 PPM *15 PPM	_____	_____	_____	_____	_____
Other-		_____	_____	_____	_____	_____

* = Short Term Exposure Limit (STEL)/Max of 15 Minutes

+= 8 hour Time-Weighted Average (TWA)/ Max of 8 hours in area with NO respiratory protection

GAS TESTER NAME _____ **INSTRUMENT MODEL & TYPE** _____ **INSTRUMENT SERIAL #** _____

EMERGENCY CONTACT TELEPHONE #: 911 _____ **REMARKS:** See attached for Hot Work Description.

PERMIT AUTHORIZATION: I certify that all required pre-cautions have been taken and necessary equipment is provided for safe entry and work in this space.

NAME: _____ **SIGNATURE:** _____ **DATE:** _____