



CONFINED SPACE ENTRY PERMIT

PERMIT VALID FOR 8 HOURS ONLY

CONTINUALLY MONITOR AIR QUALITY

PERMIT TO REMAIN AT JOB SITE UNTIL WORK IS COMPLETED

DATE 02/04/2018

PROJECT NAME 10

SITE LOCATION AND DESCRIPTION tests

SITE ADDRESS test

DESCRIPTION OF WORK/REASON FOR ENTRY tse

MANAGEMENT NAMES AND PHONE NUMBERS:

COMPETENT PERSON test

SUPERINTENDENT Srinivasa string Rao

ENTRANT test

PRIMARY PHONE# test

ENTRANT

SECONDARY PHONE#

ENTRANT

ENTRANT

ATTENDENT

ATTENDENT

COMMUNICATION PROCEDURES

RESCUE PROCEDURES

ENTRY REQUIREMENTS:

DATE 02/14/2018

TIME 1518568057000

****Write N/A if item does not apply****

Air-Purifying Respirator

NO

Breathing Apparatus

NO

Burning/Welding Permit

NO

Emergency Escape Retrieval Equip.

NO

Fire Extinguisher

NO

Full Body Harness with "D" Ring

NO

Lifelines/Lanyards

NO

Lighting (Explosion Proof)

NO

Lines Broken/Capped/Blanked

NO

Lockout/De-energize/Test

NO

Protective Clothing

NO

NO

Purge/Flush/Vent	
Resuscitator/ Inhalator	<u>NO</u>
Secure Area (post, Flag, Barricade)	<u>NO</u>
Standby Safety Personnel	<u>NO</u>
Ventilation	<u>NO</u>

TEST TO BE TAKEN	ENTRY Level	Reading/Time	Reading/Time
Percent of Oxygen	19.5-23.5%		
Lower Flammability Limit	Under 10%		
Carbon Monoxide	*35ppm/**200ppm		
Hydrogen Sulfide	*10ppm/**15ppm		

*Short Term Exposure Limit (STEL) - Exposure for 15 min at limit	**8hr Time Weighted Average (TWA) - 8hr Exposure, longer with appropriate respiratory protection
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ADDITIONAL DATA ENTRY SPACE FOR RECORDING METER RESULTS ON THE BACK PAGE

REMARKS

NAME	USED	MODEL/TYPE	SERIAL/UN #
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SAFETY STANDY PERSON IS REQUIRED FOR ALL CONFINED SPACE WORK

STANDBY	SPACE	SPACE	SPACE
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<u>test</u>	<u>test</u>	<u>test</u>	<u>test</u>
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SUPERVISOR AUTHORIZING:	SATISFIED: <u>test</u>	DEPT/PHONE: <u>test</u>	
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EMERGENCY PHONE #'S:

AMBULANCE	<u>test</u>
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FIRE	<u>test</u>
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RESCUE	<u>test</u>
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COMPANY	<u>test</u>
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