SUNBELT CONTROLS

Appendix 12-C
Confined Space Entry Permit

Permit No._____

NOTE: This form must be completed by the Entry Supervisor prior to performing any confined space work at ACCO Engineered Systems job-site locations. This permit is valid for the work period or work shift. After work is completed the permit shall be returned to the issuer (i.e. Entry Supervisor, client, etc.). Completed confined space permits shall be kept for a minimum of twelve (12) months and until a review of the confined space permit program is completed.

PERMIT MUST REMAIN POSTED AT JOB-SITE AT ALL TIMES

Project Name:_____ **Date of Entry:**_____

ENTRY TIME: _____ **EXIT TIME:** _____

Confined Space Location:_____

Confined Space Description:_____

Purpose of Entry:_____ **Permit Expiration Date:** _____

Authorized Supervisor:_____

Authorized Attendant(s):_____

Authorized Entrant(s) PRINT NAME BELOW	
_____	_____
_____	_____
_____	_____
_____	_____

Hazards Associated with Space

Known Hazards and Special Precautions:_____

TYPES OF HAZARDS (CHECK ALL THAT APPLY)		
☐ Oxygen Deficient Atmosphere	☐ Engulfment	☐ Energized Electrical Equipment
☐ Oxygen Enriched Atmosphere	☐ Toxic Atmosphere	☐ Entrapment
☐ Welding/Cutting*	☐ Flammable Atmosphere	☐ Hazardous Chemicals
☐ Atmospheric	☐ Engulfment	☐ Energy

*NOTE: WELDING / CUTTING REQUIRES A HOT WORK PERMIT

OTHER REQUIRED PERMIT(S): ☐ **NO** ☐ **YES** (if yes please identify) _____

_____

PERMIT EXPIRATION DATE: _____

PERSONAL PROTECTIVE EQUIPMENT (CHECK ALL REQUIRED)		
☐ RETRIEVAL LINE / HOIST	☐ HARD HAT	☐ SAFETY HARNESS
☐ HEARING PROTECTION	☐ EYE / FOOT PROTECTION	☐ FIRE EXTINGUISHER
☐ GFI IN WET ENVIRONMENT	☐ GAS/OXYGEN/TOXICITY DETECTOR	☐ VENTILATION EQUIPMENT

☐ RESPIRATORS (SPECIFY): _____

☐ PROTECTIVE CLOTHING (SPECIFY): _____

☐ GLOVES (SPECIFY): _____

☐ COMMUNICATION EQUIPMENT (SPECIFY): _____

☐ OTHER (SPECIFY): _____

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Permit No._____

ATMOSPHERIC TEST DATA							
AGENT	**LIMIT**	**TEST RESULTS**		**TEST TIME**		**TESTER'S INITIALS**	
		TEST 1	**TEST 2**	**1**	**2**		
OXYGEN	19.5% - 23.5%						
FLAMMABLES	>0% L.F.L.						
HYDROGEN SULFIDE (H2S)	C 0 PPM						
CARBON MONOXIDE (CO)	0 PPM						
OTHER							

***NOTE:** ATMOSPHERIC TESTING SHOULD BE CONDUCTED AND RECORDED TWICE AN HOUR

PERMIT AUTHORIZATION

Entry Authorization / Supervisor Signature _____ **Time** _____ **Date** _____

The entry authorization signature certifies that all precautions and equipment specified by this permit are in place and all atmospheric testing is within allowable limits to allow entry.

CANCELLATION OF PERMIT

Entry Authorization / Supervisor Signature _____ **Time** _____ **Date** _____

The entry supervisor cancels the permit when the work authorized by the permit is completed or an unacceptable condition has occurred.