CONFINED SPACE ENTRY PERMIT

PERMIT VALID FOR 1 SHIFT ONLY. ALL PERMIT COPIES MUST REMAIN AT THE SITE UNTIL SHIFT OR JOB IS COMPLETED.

Date: Site location #1:
Site location #2: Site location #3:
Site location #4: Site location #5:

PURPOSE OF ENTRY: ____________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
Supervisor in charge of crew: Type of Crew: NexTel or Cell #:

Contractor:__________________________        Phone Number:____________________________

Communication procedures: □ Visual □ Life Line □ Voice Contact □ Radio Signal
Rescue procedures: ____________________________________________________________
_____________________________________________________________________________________________

BOLT INDICATES MINIMUM REQUIREMENTS TO COMPLETE AND REVIEW PRIOR TO ENTRY

<table>
<thead>
<tr>
<th>REQUIREMENTS</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>REQUIREMENTS</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lockout/De-energize/Tagout</td>
<td></td>
<td></td>
<td></td>
<td>Full Body Harness w/&quot;D&quot; Ring</td>
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<tr>
<td>Line(s) Broken-Capped-Blank</td>
<td></td>
<td></td>
<td></td>
<td>Emergency Escape Retrieval Equipment</td>
<td></td>
<td></td>
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<tr>
<td>Purge-Flush and Vent</td>
<td></td>
<td></td>
<td></td>
<td>Lifelines</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Ventilation</td>
<td></td>
<td></td>
<td></td>
<td>Fire Extinguishers</td>
<td></td>
<td></td>
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<tr>
<td>Secure Area (Post and Flag)</td>
<td></td>
<td></td>
<td></td>
<td>Lighting (Explosive proof)</td>
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<tr>
<td>Breathing Apparatus</td>
<td></td>
<td></td>
<td></td>
<td>Protective Clothing (PPE)</td>
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<tr>
<td>Resuscitator - Inhalator</td>
<td></td>
<td></td>
<td></td>
<td>Respirator(s) (Air Purifying)</td>
<td></td>
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<tr>
<td>Standby Safety Personnel</td>
<td></td>
<td></td>
<td></td>
<td>Hot Work Permit (Burning and Welding)</td>
<td></td>
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</tbody>
</table>

SAFETY STANDBY IS REQUIRED FOR ALL CONFINED SPACE WORK

SAFETY STANDBY ATTENDENT(S) SIGNATURE
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

CONFINED SPACE ENTRANT(S) SIGNATURE
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

PERMIT MUST BE AVAILABLE AT ENTRY LOCATION IN PLASTIC SLEEVE.
# Confined Space Entry Permit

**Name of Gas Tester:** ________________________________  **Texas State ID#:** __________________

## Continuous Monitoring

- [ ] Yes
- [ ] No

## Contractor Testing Units Used

- [ ] Yes
- [ ] No

<table>
<thead>
<tr>
<th>Test(s)</th>
<th>Acceptable Conditions</th>
<th>Site #1</th>
<th>Site #2</th>
<th>Site #3</th>
<th>Site #4</th>
<th>Site #5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of Oxygen (O2):</td>
<td></td>
<td></td>
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<tr>
<td>Lower Explosive Limit (LEL):</td>
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<td>Carbon Monoxide (CO):</td>
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<tr>
<td>Hydrogen Sulfide (H2S):</td>
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</table>

## Remarks:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

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**Entry Supervisor Authorization - All Conditions Satisfied**

- Signature: ________________________________
- Department: ________________________________

**Emergency Contact Phone Number:**

- 911

*Note! Only authorized Fire Department rescue team members are permitted to make entry rescues.*

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**Termination of Permit:**

- Printed Name: ________________________________
- Signature: ________________________________
- Date: ________________________________

**Reason For Termination**

- [ ] Job Completed
- [ ] Other:

**Permit Space Hazards** (check all that apply):

- Oxygen Deficiency (<19.5%)
- Flammable Gases or Vapors
- Airborne Combustible Dust (meets or exceeds PEL)
- Materials Harmful to Skin (corrosive, skin absorbed)
- Pre-opening Hazards
- Noise
- Slipping/Tripping
- Potential for disturbance of asbestos or presumed asbestos containing material
- Oxygen Enrichment (>23.5%)
- Toxic Gases or Vapors (>PEL)
- Mechanical Hazards
- Engulfment
- Heat/Cold Stress
- Poor Lighting
- Insects/Spiders/Wasps/Etc.
- Connected Pipe Lines
- Cooling Water
- Condensate
- Instrument Lines
- Electrical Circuits
- Lines to Jackets, Coils
- Radiation Devices
- Snakes/Rodents
- MSDS Needed?  [ ] Yes  [ ] No

**Other:**