Date & Time Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date & Time Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Site/Space I.D. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Equipment to be worked on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work to be performed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Standby Personnel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Atmospheric Checks: Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Oxygen \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% Toxic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ppm

Carbon

Explosive \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ % LFL Monoxide\_\_\_\_\_\_\_\_\_\_\_\_\_ ppm

2. Tester’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Source Isolation: (No Entry) N/A Yes No

Pumps or lines blinded, disconnected or blocked □ □ □

4. Ventilation Modification:

Mechanical □ □ □

Natural ventilation only □ □ □

5. Atmospheric check after isolation and ventilation: Time: \_\_\_\_\_\_\_\_\_\_\_

Oxygen \_\_\_\_\_\_\_\_\_% >19.5% Toxic \_\_\_\_\_\_\_\_\_\_ ppm <10ppm H2S

Explosive \_\_\_\_\_\_\_\_ %LFL <10% Carbon Monoxide \_\_\_\_\_\_\_\_\_\_ ppm <35 ppm CO

6. Communications procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Rescue procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Entry, Standby, and Backup Persons Yes No

Successfully completed required training? □ □

Is Training current? □ □

9. Equipment: N/A Yes No

Direct reading gas monitor tested □ □ □

Safety harnesses and lifelines for entry and standby persons □ □ □

Hoisting equipment □ □ □

Powered communications □ □ □

SCBAs for entry and standby persons □ □ □

All electric equipment listed for Class 1, Division 1, Group D and nonsparking tools □ □ □

10. Periodic atmospheric tests:

Oxygen: \_\_\_\_\_\_\_\_\_% Time \_\_\_\_\_\_\_ \_\_\_\_\_ % Time \_\_\_\_ \_\_\_\_\_% Time \_\_\_\_\_ \_\_\_\_\_% Time \_\_\_\_\_

Explosive : \_\_\_\_\_\_\_\_\_% Time \_\_\_\_\_\_\_ \_\_\_\_\_ % Time \_\_\_\_ \_\_\_\_\_% Time \_\_\_\_\_ \_\_\_\_\_% Time \_\_\_\_\_

Toxic: \_\_\_\_\_\_\_\_\_% Time \_\_\_\_\_\_\_ \_\_\_\_\_ % Time \_\_\_\_ \_\_\_\_\_% Time \_\_\_\_\_ \_\_\_\_\_% Time \_\_\_\_\_

Carbon Monoxide: \_\_\_\_\_\_% Time \_\_\_\_\_\_\_ \_\_\_\_\_ % Time \_\_\_\_ \_\_\_\_\_% Time \_\_\_\_\_ \_\_\_\_\_% Time \_\_\_\_\_

We have reviewed the work authorized by this permit and the information contained herein. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any □ are checked in the “NO” column. This permit is not valid unless appropriate items are completed.

Permit Prepared by: (Supervisor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved by: (Unit Supervisor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by: (CS Operations Personnel) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This permit is to be kept at job site. Return job site copy to Safety Office following job completion.