



SMU

FORM

CONFINED SPACE ENTRY PERMIT

Owner: Risk Management
Revision No: 01

Document number: SF-004-1
Date last revised: 08-2-2018

Section 1: Permit Request

Application Date:	Description of Work (include Sq Ft of space) :
Project:	
Company:	Start Work Date:
Location / Area:	Equipment to be Engaged:
Number of Workers:	Confined Space Name:

Section 2: Safety Requirements and Checklist

Known Hazards: <input type="checkbox"/> Oxygen deficiency (less than 19.5%) <input type="checkbox"/> Oxygen enrichment (greater than 23.5%) <input type="checkbox"/> Flammable gases or vapors (greater than 10% of LEL) <input type="checkbox"/> Airborne combustible dust (meets or excess LEL) <input type="checkbox"/> Containment pressure release <input type="checkbox"/> Energized electrical work (Electrical Shock) <input type="checkbox"/> Toxic substances <input type="checkbox"/> Heavy equipment movement <input type="checkbox"/> Engulfment <input type="checkbox"/> Other:	Emergency services: Name:	
	Phone:	
	Equipment required for entry and work Specify special equipment required for this job.	
	PPE <input type="checkbox"/> SMU Ventilation <input type="checkbox"/> SMU Communication <input type="checkbox"/> SMU Rescue Equipment <input type="checkbox"/> SMU Other: <input type="checkbox"/> SMU	<input type="checkbox"/> Contractor <input type="checkbox"/> Contractor <input type="checkbox"/> Contractor <input type="checkbox"/> Contractor <input type="checkbox"/> Contractor

	Yes	N/A		Yes	N/A
Notification of affected departments.			Services, stability and safety of adjacent structures and services evaluated and ensured.		
CSE competent supervisor available.			Risk Assessment addressed to the crew.		
Atmospheric testing completed. Oxygen % _____ LEL % _____ H2s / Toxins % _____ CO % _____			All hazardous lines have been isolated: Isolation methods?		
Gas Monitor on-site and is calibrated			Forced or exhaust ventilation provided.		
Entry and emergency procedure briefed, Rescue plans in place.			Ensure dewatering system where required to provided and functioning properly.		
Non-sparking tools.			All surface encumbrance removed or supported.		
PPE available			Location plan / Layout attached.		
The confined space has been drained.			Ground Fault Circuit Interrupters provided.		
Electrical equipment rated for explosive atmospheres.			Warning barriers and signs in place.		

Section 3: Crew Details

No	Name	Designation (Attendant, Entrant, Rescue)	Trade



Please contact ORM EHS for any required changes to this Program

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Section 4: 30 Minute Continuous Monitoring When Required

Time	O2 (19.5% to 23.5%)	LEL (> 10 %)	Co (35 ppm)	H2S (10 ppm)		Time	O2 (19.5% to 23.5%)	LEL (> 10 %)	Co (35 ppm)	H2S (10 ppm)
:00						:00				
:30						:30				
:00						:00				
:30						:30				
:00						:00				
:30						:30				
:00						:00				
:30						:30				
:00						:00				

Section 5: Declaration by Performing Authority

I hereby declare that:

Alternative entry will be used: Yes No

- Permit is issued only for a 12 hour shift (day /night)
- Permit extension is allowed only one time till the end second 12 hour shift
- Permit should be available and displayed at workplace till completion of work
- The above requirement / precaution are in place and addressed to the team and we are fully aware of the same
- Permit to work will be suspended by the inspecting official if any non-compliance noticed
- Permit will be closed-out upon completion of work and returned to EHS Department and Issuing Work Unit on same day issued

Performing Authority (Name): _____ Signature: _____ Date: _____

Section 6: SMU Permit Issue

This Permit is valid till (Date): _____ Time: _____ Hours: _____ Permit Number: _____

Issuing Authority

Name: _____ Signature: _____

Area Authority / Permit To Work Authority

Name: _____ Signature: _____

12 Hour Extension

Issuing Authority

Name: _____ Signature: _____

Area Authority / Permit To Work Authority

Name: _____ Signature: _____

Section 7: Permit Inspection

Name	Title	Company	Compliance (Yes / No)	Date	Time	Signature

This permit is cancelled due to:- Recommended precautions not in place:
 Other (specify) _____

Cancelled by Name: _____ Signature: _____ Date: _____ Time: _____

Section 8: Permit Closure

- It is to confirm that the work completed on _____ at _____ hours
- The area inspected and found safe
- Permit closed at _____ hours

Issuing Authority (Name): _____ Signature: _____ Date: _____ Time: _____



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ATTENDANT/AUTHORIZED ENTRANT LOG

Attendant Duties

- Know the hazards that may be faced during confined space entry.
- Know the possible behavioral effects of hazards.
- Continuously maintain an accurate count of entrants.
- Remain outside of the permit space during confined space operations until relieved by another authorized attendant.
- Communicate as necessary to monitor status and alert of any need to evacuate the space.
- Monitor activities inside and outside the space to determine if it is safe for entrants to remain in the space and order evacuation when:
 - Attendant detects a prohibited condition.
 - Attendant detects the behavioral effects of hazard exposure in an authorized entrant.
 - Attendant detects a situation outside the space that could endanger authorized entrants.
 - Attendant cannot effectively and safely perform all required duties.
- Summon rescue and emergency services when emergency exit from permit space is necessary.
- Perform non-entry rescues.
- Take action to prohibit unauthorized entry into the permit space.
- Perform no duties that may interfere with the primary duty to monitor and protect authorized participants.
- Prohibit entry of unauthorized personnel.
- Verify the Confined Space Entry Permit.

ATTENDANT: _____

	IN	OUT	IN	OUT	IN	OUT	IN	OUT
1. _____								
2. _____								
3. _____								
4. _____								
5. _____								
6. _____								
7. _____								
8. _____								
9. _____								
10. _____								
11. _____								
12. _____								
13. _____								
14. _____								
15. _____								
16. _____								
17. _____								
18. _____								
19. _____								
20. _____								