



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 |
|----|------|--|-------|
| | | | |
| | | | |
| | | | |
| | | | |



SMU

FORM

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Section 4: 30 Minute Continuous Monitoring

| 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: _____



Please contact ORM EHS for any required changes to this Program

Uncontrolled when printed



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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. _____ | | | | | | | | |