



SMU

FORM

# CONFINED SPACE ENTRY PERMIT

Owner: Risk Management  
Revision No: 01

Document number: SF-004-1  
Date last revised: 05-21-2018

## Section 1: Permit Request

Application Date:	Permit No :
Project:	Description of Work (include Sq Ft of space) :
Company:	Start Work Date:
Location / Area:	Equipment to be Engaged:
Number of Workers:	Confined Space Name:

## Section 2: Safety Requirements and Checklist

<b>Known Hazards:</b> <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:	<b>Emergency Services:</b> Name:	
	Phone:	
	<b>Equipment required for Entry and Work</b> Specify special equipment required for this job.	
	<b>PPE</b> <input type="checkbox"/> SMU <b>Ventilation</b> <input type="checkbox"/> SMU <b>Communication</b> <input type="checkbox"/> SMU <b>Rescue Equipment</b> <input type="checkbox"/> SMU <b>Other:</b> <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.		
Competent supervisors available full time			Risk Assessment addressed to the crew.		
Atmospheric testing completed. Oxygen % _____ LEL % _____ H2s / Toxins % _____			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 as per Risk Assessment must be used.			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 Best Practice.

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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:**

- 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: Permit Issue

This Permit is valid till (Date):		Time:		Hours:	
Issuing Authority			Area Authority / Permit To Work Authority		
Name:		Signature:		Name:	
				Signature:	

### 12 Hour Extension

Issuing Authority			Area Authority / Permit To Work Authority		
Name:		Signature:		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. _____								
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