

# HSE Management System

## Class “C” Confined Space Entry Permit

Prepared	Reviewed	Approved	Effective Date	Version No.
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### Important Notice:

1. This procedure is a Controlled Document and shall not be amended without the authority of the Safety Specialist – North America.
2. Any queries or feedback concerning the contents of this Procedure should be addressed to the Safety Specialist – North America.
3. This document is rendered null and void upon print.



### Class "C" Confined Space Entry Permit

Job Site: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Permit Validity Period (day/time): \_\_\_\_\_ to \_\_\_\_\_

Confined Space Identification Code (if identified): (\_\_\_\_\_)

Notes: \_\_\_\_\_  
\_\_\_\_\_

### Authorized Personnel

#### Workers Authorized Entry

#### Attendants

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

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

### Known Hazards

(Indicate specific hazards with initials)

- \_\_\_\_\_ Oxygen deficiency (less than 19.5%)
- \_\_\_\_\_ Oxygen enrichment (more than 23.5%)
- \_\_\_\_\_ Flammable gases or vapors (more than 10% of LEL)
- \_\_\_\_\_ Airborne combustible dust (meets or exceeds LFL)
- \_\_\_\_\_ Toxic gases or vapors (more than PEL) \_\_\_\_\_
- \_\_\_\_\_ Mechanical hazards
- \_\_\_\_\_ Electrical hazards
- \_\_\_\_\_ Engulfment hazards
- \_\_\_\_\_ Materials harmful to skin
- \_\_\_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_

### Employee Training and Pre-Entry Briefing

1. Safe Entry and Rescue Training Conducted on? \_\_\_\_\_
2. Mandatory Pre-Entry Briefing Conducted on? \_\_\_\_\_
3. Does this job require any special training? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, type of training required: \_\_\_\_\_

### Contractor Notification of:

**Permit Conditions:** Yes \_\_\_\_\_ No \_\_\_\_\_      **Potential Hazards:** Yes \_\_\_\_\_ No \_\_\_\_\_

### Communication Requirements

**Intrinsically Safe?** Yes \_\_\_\_\_ No \_\_\_\_\_      **Visually Inspected?** Yes \_\_\_\_\_ No \_\_\_\_\_

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### Lighting Requirements

**Intrinsically Safe?** Yes \_\_\_\_\_ No \_\_\_\_\_      **Visually Inspected?** Yes \_\_\_\_\_ No \_\_\_\_\_

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### Special Tools/Equipment

**Intrinsically Safe?** Yes \_\_\_\_\_ No \_\_\_\_\_      **Visually Inspected?** Yes \_\_\_\_\_ No \_\_\_\_\_

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### Site Preparation

- |  |           |          |
|--|-----------|----------|
| 1. Work area isolated with signs and or barriers | Yes _____ | No _____ |
| 2. All energy sources locked/tagged out?         | Yes _____ | No _____ |
| 3. All input lines capped/blinded?               | Yes _____ | No _____ |
| 4. If vessel, drained, flushed, neutralized?     | Yes _____ | No _____ |
| 5. If vessel, cleaned, purged?                   | Yes _____ | No _____ |
| 6. Ventilation initiated 30 min. before entry?   | Yes _____ | No _____ |
| 7. Fire extinguishers on hand?                   | Yes _____ | No _____ |
| 8. _____   | Yes _____ | No _____ |
| 9. _____   | Yes _____ | No _____ |
| 10. _____  | Yes _____ | No _____ |

### Pre-Entry Atmospheric Testing

Action Requirement	Reading	Time	Intervals	Levels
1. Test for oxygen content	_____ %O <sub>2</sub>	_____	_____	_____
2. Test for flamm. concent.	_____ <10%LEL	_____	_____	_____
3. Test for H <sub>2</sub> S	_____ <10PPM	_____	_____	_____
4. Test for Cl <sub>2</sub>	_____ <.5PPM	_____	_____	_____
5. Test for CO	_____ <35PPM	_____	_____	_____
6. Test for SO <sub>2</sub>	_____ <2PPM	_____	_____	_____
7. Test for toxic concent.	_____ PPM	_____	_____	_____
			_____ of _____ (TLV=_____)	
8. Test for heat stress	_____ of _____	_____	_____	_____
9. Test for _____	_____	_____	_____	_____
10. Test for _____	_____	_____	_____	_____

Tester Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Emergency/Rescue Procedures

1. Location of written Emergency/Rescue Plan: \_\_\_\_\_
2. Type of Emergency/Rescue Team required:
  - On-site:** Yes: \_\_\_ No: \_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_
  - Off-site:** Yes: \_\_\_ No: \_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Additional Information:
   
\_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_

### Personal Protective Equipment Required

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. Air purifying respirator? Yes \_\_\_ No \_\_\_ Type: \_\_\_\_\_
7. Self-contained Breathing Apparatus Required? Yes \_\_\_ No \_\_\_
8. Atmospheric Monitor Required? Yes \_\_\_ No \_\_\_ Type: \_\_\_\_\_

### Area Safety Equipment Required

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



## Permit Authorization

I certify that I have inspected the work area for safety and reviewed all safety precautions recorded on this permit.

1. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

2. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_