

Subchapter 7. General Industry Safety Orders
Group 16. Control of Hazardous Substances
Article 108. Confined Spaces

[New query](#)

§5157. Permit-Required Confined Spaces, Appendix D - Confined Space Entry Permit.

Appendix D-1

Confined Space Entry Permit

Date and Time Issued: _____ Date and Time Expires: _____

Job site/Space I.D.: _____ Job Supervisor: _____

Equipment to be worked on: _____ Work to be performed: _____

Stand-by personnel: _____

1. Atmospheric Checks: Time _____
 Oxygen _____ %
 Explosive _____ % L.F.L.
 Toxic _____ PPM

2. Tester's signature: _____

3. Source isolation (No Entry): N/A Yes No
 Pumps or lines blinded, () () ()
 disconnected, or blocked () () ()

4. Ventilation Modification: N/A Yes No
 Mechanical () () ()
 Natural Ventilation only () () ()

5. Atmospheric check after
 isolation and Ventilation:
 Oxygen _____ % > 19.5 %
 Explosive _____ % L.F.L < 10 %
 Toxic _____ PPM < 10 PPM H(2)S
 Time _____
 Testers signature: _____

6. Communication procedures: _____

7. Rescue procedures: _____

8. Entry, standby, and back up persons: Yes No
 Successfully completed required
 training?
 Is it 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 () () ()
 SCBA's for entry and standby
 persons () () ()
 Protective Clothing () () ()
 All electric equipment listed
 Class I, Division I, Group D
 and Non-sparking tools () () ()

10. Periodic atmospheric tests:
 Oxygen _____ % Time _____ Oxygen _____ % Time _____
 Oxygen _____ % Time _____ Oxygen _____ % Time _____

Explosive	_____ %	Time	_____	Explosive	_____ %	Time	_____
Explosive	_____ %	Time	_____	Explosive	_____ %	Time	_____
Toxic	_____ %	Time	_____	Toxic	_____ %	Time	_____
Toxic	_____ %	Time	_____	Toxic	_____ %	Time	_____

We have reviewed the work authorized by this permit and the information contained here-in. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked in the "No" column. This permit is not valid unless all appropriate items are completed.

Permit Prepared By: (Supervisor) _____
 Approved By: (Unit Supervisor) _____
 Reviewed By (Cs Operations Personnel) : _____
 _____ (printed name) _____ (signature)

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

Copies: White Original (Safety Office)
 Yellow (Unit Supervisor)
 Hard(Job site)

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ENTRY PERMIT

PERMIT VALID FOR 8 HOURS ONLY. ALL COPIES OF PERMIT WILL REMAIN AT JOB SITE UNTIL JOB IS COMPLETED

DATE: - - SITE LOCATION and DESCRIPTION _____
 PURPOSE OF ENTRY _____
 SUPERVISOR(S) in charge of crews Type of Crew Phone # _____

COMMUNICATION PROCEDURES _____
 RESCUE PROCEDURES (PHONE NUMBERS AT BOTTOM) _____

* BOLD DENOTES MINIMUM REQUIREMENTS TO BE COMPLETED AND REVIEWED PRIOR TO ENTRY*

REQUIREMENTS COMPLETED	DATE	TIME
Lock Out/De-energize/Try-out	_____	_____
Line(s) Broken-Capped-Blanked	_____	_____
Purge-Flush and Vent	_____	_____
Ventilation	_____	_____
Secure Area (Post and Flag)	_____	_____
Breathing Apparatus	_____	_____
Resuscitator - Inhalator	_____	_____
Standby Safety Personnel	_____	_____
Full Body Harness w/"D" ring	_____	_____
Emergency Escape Retrieval Equip	_____	_____
Lifelines	_____	_____
Fire Extinguishers	_____	_____
Lighting (Explosive Proof)	_____	_____
Protective Clothing	_____	_____
Respirator(s) (Air Purifying)	_____	_____
Burning and Welding Permit	_____	_____

Note: Items that do not apply enter N/A in the blank.

**RECORD CONTINUOUS MONITORING RESULTS EVERY 2 HOURS

CONTINUOUS MONITORING**	Permissible	_____
TEST(S) TO BE TAKEN	Entry Level	_____
PERCENT OF OXYGEN	19.5% to 23.5%	_____
LOWER FLAMMABLE LIMIT	Under 10%	_____
CARBON MONOXIDE	+35 PPM	_____

Aromatic Hydrocarbon	+ 1 PPM	* 5PPM	_____	_____	_____	_____	_____	_____	_____
Hydrogen Cyanide	(Skin)	* 4PPM	_____	_____	_____	_____	_____	_____	_____
Hydrogen Sulfide	+10 PPM	*15PPM	_____	_____	_____	_____	_____	_____	_____
Sulfur Dioxide	+ 2 PPM	* 5PPM	_____	_____	_____	_____	_____	_____	_____
Ammonia		*35PPM	_____	_____	_____	_____	_____	_____	_____

* Short-term exposure limit:Employee can work in the area up to 15 minutes.

+ 8 hr. Time Weighted Avg.:Employee can work in area 8 hrs (longer with appropriate respiratory protection).

REMARKS:

GAS TESTER NAME & CHECK #	INSTRUMENT(S) USED	MODEL &/OR TYPE	SERIAL &/OR UNIT #
_____	_____	_____	_____
_____	_____	_____	_____

SAFETY STANDBY PERSON IS REQUIRED FOR ALL CONFINED SPACE WORK

SAFETY STANDBY PERSON(S)	CHECK #	CONFINED SPACE ENTRANT(S)	CHECK #	CONFINED SPACE ENTRANT(S)	CHECK #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SUPERVISOR AUTHORIZING - ALL CONDITIONS SATISFIED _____
DEPARTMENT/PHONE _____

AMBULANCE 2800 FIRE 2900 Safety 4901 Gas Coordinator 4529/5387

NOTE: Authority cited: Section 142.3, Labor Code. Reference: Section 142.3, Labor Code.