

**HANFORD CONFINED SPACE ENTRY PERMIT**  
**THIS DOCUMENT TO BE MAINTAINED AT CONFINED SPACE ENTRANCE.**

Date Valid: \_\_\_\_\_

CS ID: \_\_\_\_\_ Work Package No./Permit No.: \_\_\_\_\_

**Section 1 – GENERAL DESCRIPTION**

Location: \_\_\_\_\_

Space Description: \_\_\_\_\_

Purpose of Entry: \_\_\_\_\_

Work Activity Introduces Permit Driven Hazards:  Yes  No Ensure space is properly labeled

Entry Type:  Permit Required Confined Space (requires air monitoring, entry log, Notification form and authorizing signatures)  
 Alternate (requires air monitoring, forced air ventilation and authorizing signatures) See DOE-0360, Section 4.6  
 Downgrade (requires hazard controls list and authorizing signatures) See DOE-0360, Section 4.7

**Section 2 HAZARDS AND CONTROLS**

Permit-Driven Hazards – from CS Hazard ID (see JHA/JSA for other job hazards and their controls)

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

Hazard Elimination Controls – completed prior to authorizing entry	Cognizant Supervisor/ Manager initial to verify completion
1. _____	
2. _____	
3. _____	
4. _____	

Method of communication to be used: \_\_\_\_\_

Special Rescue Instructions (Permit Entry Only) Hanford Fire Department Notified 24 hrs prior to entry

**Section 3 PRE-ENTRY MONITORING**

**Air Monitoring Record or  
IH Database  
Survey No.:** \_\_\_\_\_

**Monitoring Results prior to entry:** O<sub>2</sub> (19.5–23.5%) \_\_\_\_\_ CO (<25 ppm) \_\_\_\_\_  
 LEL (<10%) \_\_\_\_\_ H<sub>2</sub>S (<1 ppm) \_\_\_\_\_  
 Other: \_\_\_\_\_

**Monitored By:** \_\_\_\_\_  
 Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

**Were Pre-Entry monitoring results within prescribed limits?**  Yes  No

**If no, explain conditions and actions taken:** \_\_\_\_\_

**Section 4 ENTRY AUTHORIZATION**

	Print Name	Signature	<b>ADD ROW</b>	Date
<b>Cognizant Supervisor/Manager</b> (Verifies above controls have been implemented and space conditions comply with all Hazard Control Criteria)				
<b>Facility/Project Manager</b> (Authorization)				
<b>Entry Supervisor or Cognizant Supervisor/Manager</b> (Authorize Entry Into Confined Space)				

## CONFINED SPACE ENTRY PERMIT (continued)

Date Valid: \_\_\_\_\_

CS ID: \_\_\_\_\_

Work Package No./Permit No.: \_\_\_\_\_

### Section 4 ENTRY AUTHORIZATION

	Print Name	Signature	<b>ADD ROW</b>	Date
<b>Cognizant Supervisor/Manager</b> (Single Shift extension Authorization)				
<b>Relieving Entry Supervisor</b>				
<b>IS/IH Professional</b> (Verification of Hazard Elimination Method)				<input checked="" type="checkbox"/>

### Section 4a MULTI EMPLOYER ENTRY

Name	Company Name	Position	<b>ADD ROW</b>	Phone No.
				<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>

### Section 5 ENTRY CANCELLATION

Print Name	Signature	Date

Reason:  Completed as planned  
 Suspended/Explain:

Briefly describe any lessons learned from this entry:

### Section 6 ATMOSPHERIC MONITORING (Completed by IS/IH Professional)

**Special Instructions/Comments**

Monitoring can be performed by:  
 Atmospheric testing person  
 IS/IH Professional

Specify type of monitoring:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Personal Monitoring Required

Monitoring required:  
 Prior to entry  
 Prior to reentry after breaks  
 Continuously during entry  
 Other frequency \_\_\_\_\_

