

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: O₂ (19.5–23.5%) _____ CO (<25 ppm) _____
 LEL (<10%) _____ H₂S (<1 ppm) _____
 Other: _____

Monitored By: _____ *Print* _____ *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	Date
	ADD ROW		
Cognizant Supervisor/Manager (Verifies above controls have been implemented and space conditions comply with all Hazard Control Criteria)			
Facility/Project Manager (Authorization)			
Entry Supervisor or Cognizant Supervisor/Manager (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	Date
Cognizant Supervisor/Manager (Single Shift extension Authorization)			
Relieving Entry Supervisor			
IS/IH Professional (Verification of Hazard Elimination Method)			<input checked="" type="checkbox"/>

Section 4a - MULTI EMPLOYER ENTRY

ADD ROW

Name	Company Name	Position	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: <input type="checkbox"/> Atmospheric testing person <input type="checkbox"/> IS/IH Professional	Specify type of monitoring: _____ _____ <input type="checkbox"/> Personal Monitoring Required	Monitoring required: <input type="checkbox"/> Prior to entry <input type="checkbox"/> Prior to reentry after breaks <input type="checkbox"/> Continuously during entry <input type="checkbox"/> Other frequency _____
--	---	--

CONFINED SPACE ENTRY PERMIT (continued)

Date Valid: _____

CS ID: _____

Work Package No./Permit No.: _____

Section 7 - AIR MONITORING EQUIPMENT

Instrument	ID No.	Calibration Due Date	Field Check (Sign and Date below)		
			Cal. Source ID	Cal. Source Value	Calibration Results

ATMOSPHERIC MONITORING RESULTS

Date	Time	ID No.	O ₂ (19.5-23.5%)	LFL (<10%)	Toxics ¹	Sampling Location/Activity/Comments

¹ Specify toxic agents and acceptable entry condition

a. _____
b. _____

c. _____
d. _____

Field Check By:

_____ *Print*
_____ *Sign*
_____ *Date*

Monitored By:

_____ *Print*
_____ *Sign*
_____ *Date*