

PERMIT REQUIRED CONFINED SPACE FORM

**PERMIT ENTRY REQUIRED CONFINED SPACE
 (BPA F 5480.10e MUST ALSO BE COMPLETED)**

Permit duration:	Permit Start Time/Date:	Suspend Period:
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Communication procedures (including equipment):

RESCUE PLAN FOR PERMIT SPACES ONLY

Rescue Team Number/Channel:	Rescue Team Contact Name:	Time & Date Rescue Team Notified:
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Non-entry rescue by attendant (entrant does not disconnect from system or have any significant entanglement hazards).
 Contracted previously qualified third party Rescue Team or Local Fire Department with Confined Space Technical Rescue Team, available within reasonable response time, and who agrees to notify Supervisor if unavailable.
 Employer Rescue Team notified and available within reasonable response time. Check here if team required at Entrance.
 Rescue Team ON SITE with supplied air respirators for IDLH hazardous atmosphere entries. (BPA shall not enter IDLH Atmosphere)

Rescue Team Names:

Special hazards, information, procedures, or conditions for rescue:

**PRE-ENTRY PROCEDURES
 (to be completed before entry)**

Secure Area (Post Confined Space Sign and place barriers around entrance)	Completed N/A	Entrant dons PPE/Respirator/Clothing (indicated below)	Completed N/A
Energy Control Program (LOTO)/De-energize/Try-out for all energy sources/Clearance	Completed N/A	Emergency Escape Retrieval Equipment Set-up (Tripod or David and Winch required at 5' vertical depth)	Completed N/A
Engulfment Line(s) Disconnected – LOTO – Water removed or controlled with pumps	Completed N/A	Communications (confirm adequate lighting): Visual Verbal Radio Other:	Completed N/A
Gas Lines: Purge Flush Vent	Completed N/A	HOT WORK PERMIT (REQUIRED FOR WELDING IN SPACE) This document also serves as Hot Work Permit for hot work with flammables within 35' of work. Time Started: _____ Fire Extinguisher Locations: _____ Name of Fire Watch: _____ Time of Fire Watch Completion: _____	
Initial Air Monitoring (record on 5480.10e)	Completed N/A		
Ventilation of space before entry	Completed N/A		
Chemical SDS Reviewed	Completed N/A		

Entrants must exit space immediately if there is a failure of a direct reading instrument, failure of ventilation system, detection of a hazardous atmosphere, introduction of a new hazard, a hazard develops, entrant shows signs of exposure, or conditions change.

Mark Entrant PPE required below:

Full body harness w/dorsal "D" ring OR Wristlets or similar retrieval attachment	Hardhat Helmet Boots	1/2 mask respirator Full face respirator SAR/SCBA	Goggles Tyvek Suit Gloves	Safety glasses Faceshield Welding hood
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Mark Attendant Required PPE to the right: Full body harness Hardhat Gloves Respirator Boots

ATTENDANTS AND ENTRANTS

Lead Attendant:	Entrant:	Enter Time:	Exit Time:
Additional Attendant(s):			

SUPERVISOR

ENTRY SUPERVISOR SIGNATURE SIGNIFIES ALL CONDITIONS HAVE BEEN SATISFIED FOR ENTRY. Acceptable entry conditions for permit required spaces are all hazards controlled, continuous air monitoring, ventilation systems functioning, and rescue planned.

Supervisor Name (Competent Person):	Date/Time Signed:
Supervisor Signature:	Date/Time Closed:

Return this form to the Program Administrator. All confined space permits are to be kept on file for 10 years from date of use.