

CONFINED SPACE ENTRY PERMIT CONTINUED

CONFINED SPACE APPROVAL

ATTENDANT (signed) _____ Date _____
 (print) _____ Time _____ (AM/PM)

RESCUE TEAM (signed) _____ Date _____
 (print) _____ Time _____ (AM/PM)

RESCUE TEAM (signed) _____ Date _____
 (print) _____ Time _____ (AM/PM)

CONTRACTOR (signed) _____ Date _____

SUPERVISOR (print) _____ Time _____ (AM/PM)

	N.A	YES	
4 NATURAL VENTILATION	<input type="checkbox"/>	<input type="checkbox"/>	
5 LIGHTING - GFCI's (6-12V)	<input type="checkbox"/>	<input type="checkbox"/>	
6 TOOLS -AIR OPERATED, GROUNDED OR DOUBLE INSULATED W/GFCI's			<input type="checkbox"/>
7 INITIAL ATMOSPHERE CHECKS (TOP TO BOTTOM)	N.A	YES	by (initial)
a. FLAMMABLE (%LEL) 0%	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. H ₂ S (HYDROGEN SULFIDE) <10 PPM	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. CO (CARBON MONOXIDE) <25 PPM	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
8 CONTINUOUS ATMOSPHEREIC MONITORING SHALL BE DONE BY ATTENDANT AND RECORDED		<input type="checkbox"/>	
9 TRACK SAFETY			
a. DERAIL AND BLUE FLAG CHOCKS IN POSITION	<input type="checkbox"/>	<input type="checkbox"/>	
10 LASER/RADIATION DEVICES LO/TO	<input type="checkbox"/>	<input type="checkbox"/>	
11 SPECIAL PRECAUTIONS _____	<input type="checkbox"/>	<input type="checkbox"/>	
12 WELDING IN EQUIPMENT REQUIRES:			
a. CCS&ES WORK PERMIT WITH FIRE DEPT. SIGNATURE		<input type="checkbox"/>	
b. 2000 SCFM CONSTANT VENTILATION PER WELDER		<input type="checkbox"/>	
<u>MANDATORY PROTECTIVE EQUIPMENT - CHECK ALL THAT APPLY</u>			
<input type="checkbox"/> GOGGLES		<input type="checkbox"/> RESPIRATOR	
<input type="checkbox"/> HEARING PROTECTION		<input type="checkbox"/> CHEMICAL GOGGLES	
<input type="checkbox"/> SPECIAL BOOTS OR SHOES		<input type="checkbox"/> RUBBER GLOVES	
<input type="checkbox"/> HARD HATS		<input type="checkbox"/> CHEMICAL SUIT	
<input type="checkbox"/> PROTECTIVE CLOTHING		<input type="checkbox"/> RAIN SUIT	
<input type="checkbox"/> FACE SHIELD		<input type="checkbox"/> RUBBER BOOTS	
<input type="checkbox"/> LEATHER GLOVES			

**CHECKLIST MUST BE COMPLETED AND AUTHORIZED BEFORE ENTRY BEGINS
 CCS&ES, INC.**

AUTHORIZERS PERIODIC CHECKS:

DATE: _____ TIME: _____

INITIALS: _____

O2 _____ % (19.5 min. to 23 max)

LEL _____ % < 10%

H2S _____ ppm < 10 ppm

CO _____ ppm < 35 ppm

AUTHORIZERS PERIODIC CHECKS:

DATE: _____ TIME: _____

INITIALS: _____

O2 _____ % (19.5 min. to 23 max)

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