

## HANFORD CONFINED SPACE ENTRY PERMIT

**THIS DOCUMENT TO BE MAINTAINED AT CONFINED SPACE ENTRANCE**

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

Confined Space 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 hours prior to entry

### SECTION 3: PRE-ENTRY MONITORING

**Air Monitoring Record of 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:

\_\_\_\_\_

*Print First and Last Name*

\_\_\_\_\_

*Signature / Date*

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

If No, explain conditions and actions taken:

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### SECTION 4 - ENTRY AUTHORIZATION

	Print First and Last Name	Signature	Date
<b>Cognizant Supervisor/Manager</b> <i>(Verifies above controls have been implemented and space conditions comply with all Hazard Control Criteria)</i>			
<b>Facility/Project Manager (Authorization)</b>			
<b>Entry Supervisor or Cognizant Supervisor/Manager</b> <i>(Authorize entry into confined space)</i>			
<b>Cognizant Supervisor/Manager</b> <i>(Single shift extension authorization)</i>			
<b>Relieving Entry Supervisor</b>			
<b>IS/IH Professional</b> <i>(Verification of Hazard Elimination Method)</i>			

### SECTION 4a - MULTI EMPLOYER ENTRY

Print First and Last Name	Company	Position	Phone

### SECTION 5 - ENTRY CANCELLATION

\_\_\_\_\_  
*Print First and Last 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:	Specify Type of Monitoring:	Monitoring Required:
<input type="checkbox"/> Atmospheric Testing Person		<input type="checkbox"/> Prior to entry
<input type="checkbox"/> IS/IH Professional		<input type="checkbox"/> Prior to re-entry after breaks
		<input type="checkbox"/> Continuously during entry
	<input type="checkbox"/> Personal Monitoring Required	<input type="checkbox"/> Other frequency: _____

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### SECTION 7 - AIR MONITORING EQUIPMENT

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

### ATMOSPHERIC MONITORING RESULTS

Date	Time	ID No.	O <sub>2</sub> (19.5-23.5%)	LEL (<10%)	Toxins <sup>1</sup>	Sampling Location/Activity/Comments

<sup>1</sup>Specify toxic agents and acceptable entry condition(s):

1		2	
3		4	

**Field Check By:**

\_\_\_\_\_ \_\_\_\_\_  
*Print First and Last Name* *Signature / Date*

**Monitored By:**

\_\_\_\_\_ \_\_\_\_\_  
*Print First and Last Name* *Signature / Date*