

FORT HOOD PERMIT REQUIRED CONFINED SPACE ENTRY PERMIT NO. \_\_\_\_\_

Location \_\_\_\_\_ Unit/Activity \_\_\_\_\_ Date: \_\_\_\_\_

Confined Space To Be Entered \_\_\_\_\_

Permit Expiration Date/Time: From \_\_\_\_\_ To: \_\_\_\_\_

Description of Work to Be Performed \_\_\_\_\_

PERMIT SPACE HAZARDS: (Indicate probable hazards)

- |  |  |
|--|--|
| <input type="checkbox"/> Oxygen Deficiency (<19.5%)                  | <input type="checkbox"/> Oxygen Enrichment (>23.5%)        |
| <input type="checkbox"/> Flammable gases or vapors (>10% of LFL/LEL) | <input type="checkbox"/> Excessive dust                    |
| <input type="checkbox"/> Carbon Monoxide                             | <input type="checkbox"/> Elevated Work Area                |
| <input type="checkbox"/> Poor Lighting                               | <input type="checkbox"/> Biological Hazards                |
| <input type="checkbox"/> Live Electrical Lines                       | <input type="checkbox"/> Engulfment                        |
| <input type="checkbox"/> Hot Water/Steam lines                       | <input type="checkbox"/> Standing Water                    |
| <input type="checkbox"/> Vehicular Traffic                           | <input type="checkbox"/> Animals, Vermin                   |
| <input type="checkbox"/> Converging Floors                           | <input type="checkbox"/> Agitators, Stirrers               |
| <input type="checkbox"/> Motors, fans, or pumps                      | <input type="checkbox"/> Excessive Heat                    |
| <input type="checkbox"/> Unstable structures                         | <input type="checkbox"/> Hot Work Permit Required (Attach) |
| <input type="checkbox"/> Toxic Gases or Vapors (>PEL)                | <input type="checkbox"/> Other _____                       |

PREPARATION FOR ENTRY: (Check off or N/A)

- Safety meeting held with all entrants. Pre-entry briefing on specific hazards, work to be performed, control methods, and emergency egress
- Fire Department/Emergency rescue service available
- Ventilation equipment set up and checked for proper operation
- Monitoring instruments charged and calibrated
- Airline respirators checked for proper function
- Escape bottles and supply bottles for airline respirators filled
- Fire extinguisher present and charged
- All entrants equipped with personal protective equipment
- Telephone or radio **Immediately** available. Specify: \_\_\_\_\_ Radio \_\_\_\_\_ Telephone \_\_\_\_\_ Mobile Phone
- All personnel have received current training
- No personnel ill or under the influence of drugs or alcohol
- Control measures/procedures explained to non-authorized personnel in area
- Continuous adequate ventilation
- Electrical components isolated from power source and locked/tagged out
- Product feed lines blocked, closed, or disconnected and locked out
- Work area marked with barrier tape/traffic barriers in place
- Full-body harness available and in good condition
- Retrieval lines in good condition
- Winch and mounting devices present and operational
- Lift winch mounted and ready. Specify type of mount: \_\_\_\_\_ Tripod \_\_\_\_\_ Davit Arm \_\_\_\_\_ Stable structure
- Material Safety Data Sheet(s) MSDS

STANDARD CONTROL PROCEDURES:

Preparations:

- Blank/Blind Lines  Purge/Clean
- Inert  Barriers  Double Block and Bleed

Ventilation Methods:

- Mechanical  Natural  Continuous

Isolation Methods:

Electrical Lockout/Tagout     Mechanical Lockout/Tagout  
 Atmospheric Test/Monitor     Other

SAFETY EQUIPMENT REQUIRED:

<input type="checkbox"/> Safety glasses/goggles	<input type="checkbox"/> Safety footwear	<input type="checkbox"/> Safety Helmets
<input type="checkbox"/> Work gloves	<input type="checkbox"/> Chemical gloves	<input type="checkbox"/> Lifeline/Harness
<input type="checkbox"/> Dust masks	<input type="checkbox"/> Air purifying respirators	<input type="checkbox"/> Fire Extinguishers
<input type="checkbox"/> Supplied air respirators	<input type="checkbox"/> Fall prevention equipment	<input type="checkbox"/> Non-Entry Retrieval Equip (Tripod w/mech winch)
<input type="checkbox"/> Rubber boots	<input type="checkbox"/> Protective coveralls	<input type="checkbox"/> Lighting Equip (Explosion Proof)
<input type="checkbox"/> Hearing protection	<input type="checkbox"/> Other	

AUTHORIZED ENTRANTS: (Print)

AUTHORIZED ATTENDANTS: (Print)

\_\_\_\_\_ \* \_\_\_\_\_  
 \_\_\_\_\_ \* \_\_\_\_\_  
 \_\_\_\_\_ \* \_\_\_\_\_

**EMERGENCY RESCUE: Fort Hood Fire Dept, 117/911, or 287-3908 (May be contacted by radio BRAVO/FOXTROT)**

The attendant will maintain communications with emergency services and must be equipped with a radio or mobile phone, or must be able to reach a working non-pay telephone within 30 seconds.

ATMOSPHERIC TESTING  
(Testing Order: 1st-Oxygen; 2d-Flammability; 3d-Toxicity)

TEST	Allowable Limits	Check (X) If Required	Result		Result		Result		Result	
			<input type="checkbox"/> AM <input type="checkbox"/> PM	_____						
Oxygen-min	>19.5%	_____	_____	_____	_____	_____	_____	_____	_____	_____
Oxygen-max	<23.5%	_____	_____	_____	_____	_____	_____	_____	_____	_____
Flammability	<10%LEL/LFL	_____	_____	_____	_____	_____	_____	_____	_____	_____
H2S	<10ppm	_____	_____	_____	_____	_____	_____	_____	_____	_____
Toxic (specify)	<PEL	_____	_____	_____	_____	_____	_____	_____	_____	_____
CL2	<5ppm	_____	_____	_____	_____	_____	_____	_____	_____	_____
CO	<25ppm	_____	_____	_____	_____	_____	_____	_____	_____	_____
SO2	<2ppm	_____	_____	_____	_____	_____	_____	_____	_____	_____
Heat	degrees F/C	_____	_____	_____	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

**REMEMBER: TEST.....TEST.....TEST.....TEST!**

Name of person conducting atmospheric monitoring: \_\_\_\_\_

Instrument Used: \_\_\_\_\_ Date Calibrated: \_\_\_\_\_

**AUTHORIZATION BY ENTRY SUPERVISOR:**

I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in this confined space.

Name (Print): \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_