

## Permit Required Confined Space (PRCS) Entry Form

(1) Identify all physical and atmospheric hazards in the PRCS. (2) Determine control of hazards through elimination, control, safe work practices, or use of appropriate PPE until hazards addressed. **This PRCS entry permit is valid for one day only.**

General Information		
Date:	Entry Start Time:	Projected Entry Duration:
Department Responsible for Entry:		Purpose of Entry:
Location and Description of Space:		
Entry Supervisor:	Entry Entrant(s):	Is a contractor entering the space? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Contractor Name</b> _____ <i>I understand the hazards in this space and have current training on my company's Permit Required Confined Space entry program. <b>Contractor Entrant Signature</b> _____</i>
Phone:		
Communication Procedures (include communication equipment, channels, etc.):		

### Part A: Evaluate the hazards present in the permit required confined space

Hazard or Potential Hazard	Hazard Control	Hazard Eliminated?
<b>Physical Hazards</b>		
<input type="checkbox"/> <b>Fall Hazards</b> <b>Related to activities in space:</b> <input type="checkbox"/> 4ft.-10 ft. <input type="checkbox"/> 10 ft.+ <input type="checkbox"/> Hole/Floor Opening <input type="checkbox"/> Elevated Platforms <input type="checkbox"/> Other _____ <b>Related to access into space:</b> <input type="checkbox"/> Hatch/manway <input type="checkbox"/> Ladder Entry (height ____ft.) <input type="checkbox"/> Fixed <input type="checkbox"/> Portable: Type _____	<b>Activities in space:</b> <input type="checkbox"/> Fall Protection Work Plan (attach to Entry Form) <input type="checkbox"/> Personal Fall Restraint <input type="checkbox"/> Personal Fall Arrest <input type="checkbox"/> Other _____ <b>Access into the space:</b> <input type="checkbox"/> Guardrails outside <input type="checkbox"/> Ladder safety system <input type="checkbox"/> Fall arrest system <input type="checkbox"/> Portable ladder entry <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No (Part B required)
<input type="checkbox"/> <b>Hazardous Energy (List all sources)</b> <input type="checkbox"/> Electrical <input type="checkbox"/> AC ____volts <input type="checkbox"/> DC/stored ____volts <input type="checkbox"/> Chemical <input type="checkbox"/> Pumps <input type="checkbox"/> Hydraulic <input type="checkbox"/> Pumps <input type="checkbox"/> Thermal <input type="checkbox"/> Ambient temperature <input type="checkbox"/> Steam line <input type="checkbox"/> Pressurized piping system <input type="checkbox"/> Mechanical <input type="checkbox"/> Moving parts <input type="checkbox"/> Springs <input type="checkbox"/> Pneumatic <input type="checkbox"/> Compressor <input type="checkbox"/> Cylinder <input type="checkbox"/> Gravity <input type="checkbox"/> Other _____	<input type="checkbox"/> Equipment-Specific Lockout/Tagout Procedure (attach to Entry Form) <input type="checkbox"/> Energized Electrical Work Plan (attach to Entry Form) <input type="checkbox"/> Locks and Tags <input type="checkbox"/> Blocks <input type="checkbox"/> Double Block and Bleed <input type="checkbox"/> Flange <input type="checkbox"/> Disconnect <input type="checkbox"/> Pin <input type="checkbox"/> Engineering control: _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No (Part B required)
<input type="checkbox"/> <b>Inadequate Lighting</b>	<input type="checkbox"/> Portable Lighting <input type="checkbox"/> Personal Lighting <input type="checkbox"/> Explosion-proof <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes

<input type="checkbox"/> <b>Engulfment</b> <input type="checkbox"/> Liquid _____ <input type="checkbox"/> Solid _____	<input type="checkbox"/> Platform <input type="checkbox"/> Removal/drain/siphon _____	<input type="checkbox"/> Other _____ <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>Part B required</i> )
<input type="checkbox"/> <b>Configuration</b> <input type="checkbox"/> Entrapment <input type="checkbox"/> Sloping floor	<input type="checkbox"/> Temporary rope/ladder <input type="checkbox"/> Platform _____	<input type="checkbox"/> Other _____ <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>Part B required</i> )
<input type="checkbox"/> <b>Hazards in space</b> <input type="checkbox"/> Falling objects <input type="checkbox"/> Contaminated surface <input type="checkbox"/> Noise <input type="checkbox"/> Biological agents <input type="checkbox"/> Wet environment <input type="checkbox"/> Other <input type="checkbox"/> Sharp objects <input type="checkbox"/> Loose, unstable materials <input type="checkbox"/> Radioactive material	<input type="checkbox"/> Removal <input type="checkbox"/> See PPE/Tools below <input type="checkbox"/> Isolate/cover <input type="checkbox"/> Shield	<input type="checkbox"/> Clean and disinfect or sterilize <input type="checkbox"/> Other _____ <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>Part B required</i> )
<input type="checkbox"/> <b>Vehicle and pedestrian traffic</b>	<input type="checkbox"/> Barricade/fence <input type="checkbox"/> Cones	<input type="checkbox"/> Flagger <input type="checkbox"/> Other _____ <input type="checkbox"/> Yes
<input type="checkbox"/> <b>Sparks and open flame</b>	Continue to Part B	<input type="checkbox"/> No ( <i>Part B required</i> )
<input type="checkbox"/> <b>Other:</b>	<input type="checkbox"/> Controls:	<input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>Part B required</i> )

Hazard or Potential Hazard	Hazard Control	Hazard Eliminated?
<b>Atmospheric Hazards</b>		
<input type="checkbox"/> Continuous flow system <input type="checkbox"/> Sanitary sewer or waste system <input type="checkbox"/> Oxygen Deficient <input type="checkbox"/> Rust <input type="checkbox"/> Decomposing organic matter <input type="checkbox"/> Fumes/Vapors/Mists/Gases	<input type="checkbox"/> Flammable/Explosive <input type="checkbox"/> Dust/Particulates <input type="checkbox"/> Oxygen Enriched <input type="checkbox"/> Chemical (s): _____ <input type="checkbox"/> Introduced Hazards (grinding, descaling, painting, welding, etc.) _____ <input type="checkbox"/> Underground vault/manhole <input type="checkbox"/> Other: _____	<input type="checkbox"/> Continuous Ventilation <input type="checkbox"/> Fixed <input type="checkbox"/> Portable <input type="checkbox"/> Purge Ventilation <input type="checkbox"/> Isolate source/system <input type="checkbox"/> Local exhaust <input type="checkbox"/> Yes, can be eliminated <input type="checkbox"/> Yes, can be controlled with continuous ventilation <input type="checkbox"/> No ( <i>Part B required</i> )

If atmospheric hazards or potential atmospheric hazards are present, **Ventilation** and **Atmospheric Testing** sections are **REQUIRED**.

Ventilation		
Specify the type of ventilation used: <input type="checkbox"/> Fixed <input type="checkbox"/> Portable	Volume of space (L x W x H in cubic feet) = _____ Air changes = 20 (per hour) Ventilation Rate (CFM) = _____	<b>Amount of time (minutes) need to ventilate prior to Entry =</b> Volume of space (Cubic Feet) x 20 Air Changes ÷ Flow Rate (CFM) <div style="text-align: right;"><input type="checkbox"/> N/A</div>

Atmospheric Testing					
Substance Monitored:	Permissible Levels:	Initial test Time/ Results	Time/Results	Time/Results	Time/Results
Oxygen (O <sub>2</sub> ) levels	19.5% - 23.5%				
Lower Explosive Limit (LEL)	<10%				
Carbon Monoxide (CO)	<35 ppm				
Hydrogen Sulfide (H <sub>2</sub> S)	<10 ppm				
Other:					

List all instrumentation for Atmospheric Testing and/or Monitoring			
Instrument name	Model number:	Last Calibration Date:	Bump test
			<input type="checkbox"/> Pass
			<input type="checkbox"/> Pass
			<input type="checkbox"/> Pass

PPE /Tools Required	Type of PPE/Tools	PPE /Tools Required	Type of PPE/Tools
<input type="checkbox"/> Gloves		<input type="checkbox"/> Tool belt	
<input type="checkbox"/> Personal Fall Protection		<input type="checkbox"/> Voltmeter	
<input type="checkbox"/> Coveralls (Tyvek)		<input type="checkbox"/> Respirator & cartridge	
<input type="checkbox"/> Safety Glasses		<input type="checkbox"/> Hearing Protection	
<input type="checkbox"/> Goggles		<input type="checkbox"/> FPR Clothing (Arc Flash)	
<input type="checkbox"/> Face Shield		<input type="checkbox"/> Non-sparking tools	
<input type="checkbox"/> Bump cap/Hard Hat		<input type="checkbox"/> Other:	
<b>All PPE/Tools inspected before use? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>			

List optional controls (e.g. attendant):

*If all physical hazards are eliminated from the space, and all atmospheric hazards are eliminated or controlled with continuous ventilation, Entrant(s) can enter with Alternative Methods. **Are all physical and atmospheric hazards controlled or eliminated?**  YES  NO*

**If YES, Entry Supervisor signs below and Entrant(s) move forward with entry procedure. If NO, complete Part B.**

Entry Supervisor Signature:

Post Entry Notes about the space & entry (including whether evacuation was necessary):

**Entrant(s) maintain completed Entry Form and any SDSs for chemicals used or present in the space. If hazardous condition or atmosphere is created, the Entrant(s) must exit the space and notify the Entry Supervisor.**

**Retain completed Entry Form for 1 year after entry.**

This is the end of Part A.

**Part B: Complete information for all hazards not eliminated/controlled in Part A**

Hazards still present (not eliminated in Part A)	Plan to control or mitigate existing hazards during entry
Establish Attendant(s):	Name(s):

**Rescue Plan: Select option that applies or describe plan AND complete contact information.**

Option #	Hazard Scenario (all must apply)	Rescue Requirements	Contact Information
<input type="checkbox"/> Option 1 (baseline)	<ul style="list-style-type: none"> <li>Non-time sensitive hazard</li> <li>Unrestricted access, no obstacles in space, no hazardous atmosphere</li> </ul>	<ul style="list-style-type: none"> <li>Non-entry rescue</li> <li>Entry rescue service with extraction capability</li> <li>Rescue Evaluation &amp; Agreement in place</li> <li>Confirm available rescue service and, if needed, emergency service</li> </ul>	<input type="checkbox"/> Rescue service contacted Rescue service: Phone number: <input type="checkbox"/> Emergency service Emergency service: Phone number:
<input type="checkbox"/> Option 2	<ul style="list-style-type: none"> <li>Non-time sensitive hazard</li> <li>Non-entry rescue not feasible</li> </ul>	<ul style="list-style-type: none"> <li>Entry rescue service with extraction capability</li> <li>Rescue Evaluation &amp; Agreement in place</li> <li>Confirm available rescue service and, if needed, emergency service</li> </ul>	<input type="checkbox"/> Rescue service contacted Rescue service: Phone number: <input type="checkbox"/> Emergency service Emergency service: Phone number:
<input type="checkbox"/> Option 3	<ul style="list-style-type: none"> <li>Severe hazards</li> <li>Time sensitive rescue response needed (e.g. IDLH atmosphere, fall from great height, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>On-site entry rescue service at PRCS</li> <li>Non-entry rescue, if feasible</li> <li>Rescue Evaluation &amp; Agreement in place</li> <li>If needed, confirm available emergency service</li> </ul>	<input type="checkbox"/> Rescue service on-site at PRCS Rescue service: Phone number: <input type="checkbox"/> Emergency service Emergency service: Phone number:

If atmospheric/potential atmospheric hazards are present, atmospheric monitoring (next page) is required before and during entry.

**Entrant(s) maintain completed Entry Form and any SDSs for chemicals used or present in the space. Retain completed Entry Form for 1 year after entry.**

<i>Once all controls are in place, obtain Entry Supervisor's signature before entering the confined space. This Entry Form is the "Permit" to enter the PRCS.</i>	
<b>Approval for Entry</b>	Entry Supervisor's Signature:
<b>Entry Completion &amp; Review</b>	Entry End Time: <b>Post Entry Notes</b> , comments, problems during entry (if evacuation was necessary), and contractor touch base:

Ventilation & Atmospheric Monitoring

If LEL is greater than 10% STOP ENTRY & EVACUATE, continue ventilation. If LEL is greater than 50% STOP ENTRY, EVACUTE, STOP VENTILATION, Cancel Entry Form.

Test (Pre-ventilation, upon entry, and at least every 15 minutes during entry)	Time	Initials	Oxygen (O <sub>2</sub> ) Range (19.5 – 23.5% range for entry) Normal – 20.8% or 20.9%			Lower Explosive Limit (LEL) (<10% for entry)			Carbon Monoxide (CO) (<35 PPM for entry)			Hydrogen Sulfide (H <sub>2</sub> S) (<10 PPM for entry)			Other:		
			Top	Middle	Bottom	Top	Middle	Bottom	Top	Middle	Bottom	Top	Middle	Bottom	Top	Middle	Bottom
Pre-Ventilation																	
Entry (0 min)																	
Exit																	