

## Appendix A

## PERMIT REQUIRED – CONFINED SPACE ENTRY PERMIT

Location					
Work Site					
Area/Department:					
Authorized Entrants					
Entry Supervisor					
Attendant					
Duration of Permit Date		Time		Expires	
<b>AIR MONITORING RESULTS - ✓ Check Appropriate Box</b>					
Time	Initials	Oxygen >19.5% <23.5%	Combustible Gas<10% LFL	Carbon – Monoxide <35 PPM	Other Toxic Gases <PEL
<b>ENTRY REQUIREMENTS - ✓ Check Appropriate Boxes</b>					
Ventilation Types  __ Natural Draft Ventilation __ Forced Air Ventilation __ Continuous __ Local Exhaust Ventilation __ Other _____ _____ _____ _____	Lockout  __ Deenergized/Lockout Switch/Try-Out __ Pipelines Broken, Capped or Blanked __ Double Block & Bleed Lines __ Purge Flush & Vent System __ Interconnected Pipe Valve Closed & Locked __ Lock Valves to Prevent Opening __ Tags or Signs Attached to Valves and Switches __ None Required	Electrical  __ GFCI for All Equipment __ Low Voltage Lights __ Water Vapor-Proof Lights __ Explosion-Proof Equipment __ Flashlights __ Other _____ _____ _____ _____	Access & Rescue  __ Scaffold __ Ladder __ Safety Belt __ Full Body Harness __ Wrist Harness __ Retractable Lifeline __ Lanyard __ Stand-by Rescue Person __ City of Kent Rescue has been notified Other _____ _____ _____ _____		
PPE  __ Coveralls __ Gloves __ Boots __ Respirator __ Other _____ _____ _____ __ None Required	Monitoring  __ Continuous __ Periodic, Frequency For _____ _____ _____ __ None Required	Other  __ Pre-job Briefing __ Attachment Sheet __ Additional Permits __ Welding __ Fire Extinguisher __ Warning Signs & Barriers __ None Required	Limitations  _____ _____ _____ _____		
I have supervised or conducted each requirement on this permit. This work can be done safely and in compliance with the rules of this company.					
Entry Supervisor			Date		
Permit Canceled Entry Supervisor			Date	Time	Reason