

HANFORD CONFINED SPACE ENTRY PERMIT
THIS DOCUMENT TO BE MAINTAINED AT CONFINED SPACE ENTRANCE.

Date Valid: _____

CS ID:	Work Package No./Permit No.:
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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 hrs prior to entry

Section 3 PRE-ENTRY MONITORING

**Air Monitoring Record or
IH Database
Survey No.:** _____

Monitoring Results prior to entry: O₂ (19.5–23.5%) _____ CO (<25 ppm) _____
LEL (<10%) _____ H₂S (<1 ppm) _____
Other: _____

Monitored By: _____
Printed Name Signature

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

If no, explain conditions and actions taken:

Section 4 ENTRY AUTHORIZATION

	Print Name	Signature	Date
IS/IH Professional (Verification of Hazard Elimination Method)			
Cognizant Supervisor/Manager (Verifies above controls have been implemented and space conditions comply with all Hazard Control Criteria)			
Facility/Project Manager (Authorization)			
Entry Supervisor or Cognizant Supervisor/Manager (Authorize Entry Into Confined Space)			

CONFINED SPACE ENTRY PERMIT (continued)

Date Valid: _____

CS ID: _____ Work Package No./Permit No.: _____

Section 4 ENTRY AUTHORIZATION

	Print Name	Signature	Date
Cognizant Supervisor/Manager (Single Shift extension Authorization)			
Relieving Entry Supervisor			

Section 4a MULTI EMPLOYER ENTRY

Name	Company Name	Position	ADD ROW	Phone No.
			<input checked="" type="checkbox"/>	
			<input checked="" type="checkbox"/>	
			<input checked="" type="checkbox"/>	

Section 5 ENTRY CANCELLATION

Print 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:

- Atmospheric testing person
- IS/IH Professional

Specify type of monitoring:

 Personal Monitoring Required

Monitoring required:

- Prior to entry
- Prior to reentry after breaks
- Continuously during entry
- Other frequency _____

