



## Appendix 12-C

### Confined Space Entry Permit

Permit No. \_\_\_\_\_

**NOTE:** This form must be completed by the Entry Supervisor prior to performing any confined space work at Sunbelt Controls job-site locations. This permit is valid for the work period or work shift. After work is completed the permit shall be returned to the issuer (i.e. Entry Supervisor, client, etc.). Completed confined space permits shall be kept for a minimum of twelve (12) months and until a review of the confined space permit program is completed.

#### PERMIT MUST REMAIN POSTED AT JOB-SITE AT ALL TIMES

<b>Project Name:</b> _____		<b>Date of Entry:</b> _____	
<b>Confined Space Location:</b> _____		<b>ENTRY TIME:</b> _____	<b>EXIT TIME:</b> _____
<b>Confined Space Description:</b> _____			
<b>Purpose of Entry:</b> _____		<b>Permit Expiration Date:</b> _____	
<b>Authorized Supervisor:</b> _____			
<b>Authorized Attendant(s):</b> _____			
<b>Authorized Entrant(s)</b> PRINT NAME BELOW			
_____		_____	
_____		_____	
_____		_____	
_____		_____	

#### Hazards Associated with Space

Known Hazards and Special Precautions: \_\_\_\_\_

##### TYPES OF HAZARDS (CHECK ALL THAT APPLY)

<input type="checkbox"/> Oxygen Deficient Atmosphere	<input type="checkbox"/> Engulfment	<input type="checkbox"/> Energized Electrical Equipment
<input type="checkbox"/> Oxygen Enriched Atmosphere	<input type="checkbox"/> Toxic Atmosphere	<input type="checkbox"/> Entrapment
<input type="checkbox"/> Welding/Cutting*	<input type="checkbox"/> Flammable Atmosphere	<input type="checkbox"/> Hazardous Chemicals
<input type="checkbox"/> Atmospheric	<input type="checkbox"/> Engulfment	<input type="checkbox"/> Energy

\*NOTE: WELDING / CUTTING REQUIRES A HOT WORK PERMIT

**OTHER REQUIRED PERMIT(S):** ☐ NO ☐ YES (if yes please identify) \_\_\_\_\_

**PERMIT EXPIRATION DATE:** \_\_\_\_\_

##### PERSONAL PROTECTIVE EQUIPMENT (CHECK ALL REQUIRED)

<input type="checkbox"/> RETRIEVAL LINE / HOIST	<input type="checkbox"/> HARD HAT	<input type="checkbox"/> SAFETY HARNESS
<input type="checkbox"/> HEARING PROTECTION	<input type="checkbox"/> EYE / FOOT PROTECTION	<input type="checkbox"/> FIRE EXTINGUISHER
<input type="checkbox"/> GFI IN WET ENVIRONMENT	<input type="checkbox"/> GAS/OXYGEN/TOXICITY DETECTOR	<input type="checkbox"/> VENTILATION EQUIPMENT

RESPIRATORS (SPECIFY): \_\_\_\_\_

☐ PROTECTIVE CLOTHING (SPECIFY): \_\_\_\_\_

☐ GLOVES (SPECIFY): \_\_\_\_\_

☐ COMMUNICATION \_\_\_\_\_

☐ EQUIPMENT (SPECIFY): \_\_\_\_\_

OTHER (SPECIFY): \_\_\_\_\_

☐



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ATMOSPHERIC TEST DATA							
AGENT	LIMIT	TEST RESULTS		TEST TIME		TESTER'S INITIALS	
		TEST 1	TEST 2	1	2		
OXYGEN	19.5% - 23.5%						
FLAMMABLES	>0% L.F.L.						
HYDROGEN SULFIDE (H <sub>2</sub> S)	C 0 PPM						
CARBON MONOXIDE (CO)	0 PPM						
OTHER							

**\*NOTE:** ATMOSPHERIC TESTING SHOULD BE CONDUCTED AND RECORDED TWICE AN HOUR

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**PERMIT AUTHORIZATION**

**Entry Authorization / Supervisor Signature**

**Time**

**Date**

\_\_\_\_\_  
The entry authorization signature certifies that all precautions and equipment specified by this permit are in place and all atmospheric testing is within allowable limits to allow entry.

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**CANCELLATION OF PERMIT**

**Entry Authorization / Supervisor Signature**

**Time**

**Date**

\_\_\_\_\_  
The entry supervisor cancels the permit when the work authorized by the permit is completed or an unacceptable condition has occurred.