

SLAC CONFINED SPACE ENTRY PERMIT

(see instructions - over)

Number: _____

POST PERMIT AT JOB SITE UNTIL JOB IS COMPLETED

Location and description of confined space <i>Sector 30 Alignment Vault</i>	
Purpose of entry <i>Align Laser</i>	
Division authorizing work <i>ETS</i>	Date of entry <i>9-30-2008</i>
Other permits required (hot work, line breaking, other)	Time of entry <i>9:25</i>
Entry supervisor (print) <i>John Shepard su</i>	Expiration date and time
Attendants (print) <i>Brian Fuss</i>	Entrants <i>George Glassner Mike Rogers</i>
Known and potential hazards in space	
Describe acceptable entry conditions <i>Orange Vest.</i>	
Precautions (Check and explain where required)	Operational and protective equipment (Check and explain where required)
<input type="checkbox"/> Pre-entry briefing on specific hazards and control methods	<input checked="" type="checkbox"/> Ladder
<input type="checkbox"/> Notify contractors of permit and hazard conditions	<input type="checkbox"/> Full body harness
<input type="checkbox"/> Verify adequate confined space training	<input type="checkbox"/> Lifeline
<input type="checkbox"/> Notification to effected depts/persons of service interruption	<input type="checkbox"/> Tripod/hoist
<input type="checkbox"/> LOTO and verification of zero energy	<input checked="" type="checkbox"/> Area security (warning signs, barricades)
<input type="checkbox"/> Lines blocked or broken	<input checked="" type="checkbox"/> Ventilation fan or blower <i>Fixed blower</i>
<input checked="" type="checkbox"/> Air flush (preliminary or continuous)	<input type="checkbox"/> Fire extinguisher
<input checked="" type="checkbox"/> Communication method (radio, rope signals, visual hand signals, <u>verbal</u>)	<input type="checkbox"/> SCBA
<input checked="" type="checkbox"/> Lighting (hazardous location rated or standard)	<input type="checkbox"/> Coveralls
<input type="checkbox"/> Drain space	<input type="checkbox"/> Face/eye protection
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Footwear
Rescue Procedures and Equipment	<input type="checkbox"/> Gloves (impervious, chemical, leather, other)
<input type="checkbox"/> Non-entry rescue procedure and equipment in place (Attendant will extract entrant without entering space)	<input type="checkbox"/> Air purifying respirator (specify cartridge type)
OR	<input type="checkbox"/> Head protection
<input checked="" type="checkbox"/> Entry rescue service and equipment ready to effect a timely rescue (considering hazards in space)	<input type="checkbox"/> Fall protection equipment
<input type="checkbox"/> List rescue equipment: <i>Fire Department 300 yards away</i>	<input checked="" type="checkbox"/> PIC
	<input checked="" type="checkbox"/> Radiation dosimeter(s)
	<input type="checkbox"/> Other (specify)
Notes:	Notes:

Air monitoring device	Sequence or serial number	Date due for calibration	Pre-use spot check performed	Notes
Dräger Mini Worn	ARWB 0034	12-22-05	<i>[Signature]</i>	

Air monitoring data

Attendant air sampling required (continuously or every _____ minutes)

Time	Sampled by	Air sampling required for: (check and complete where applicable)						Notes
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Upper 09:20	<i>[Signature]</i>	O2: 19.5-23.5% 21.9%	<10% LEL/LFL 0	<25 ppm CO 0	<10 ppm H2S 0	Stratification 1 FT	Other ✓	
Lower 09:30	<i>[Signature]</i>	21.9%	0	0	0	3 FT 6 FT	✓	

Entrant IN/OUT record	Time IN	Time OUT	Time IN	Time OUT
Name <i>George Glasser</i>				
Name				
Name				

Work Authorization

[Signature] _____ *9-30-08* _____ *09:25*
 Building/area/facility manager or designee (print) Date Time

Permit authorization

[Signature] _____ (must be signed before entry) _____ *9-30-08* _____ *09:25*
 Competent entry supervisor's signature Date Time
 (Signature certifies that precautions and equipment are in place, atmospheric testing shows air acceptable for entry, permit is complete)

Permit cancellation

_____ (must be signed after work is completed)
 Competent entry supervisor's signature Date Time

**POST PERMIT AT JOB SITE UNTIL JOB IS COMPLETED
 IN CASE OF EMERGENCY, CALL 911**

Instructions

- A confined space entry permit must be completed for all permit-required confined space (PRCS) entries.
- Permit numbering scheme: building number - space number - mmddyy
 Example: 081-03-121305
- 1) Contact a SLAC competent entry supervisor prior to entry to assist in space preparation and permit completion.
 - 2) Review the existing confined space profile (available online).
 - 3) Complete the entry permit.
 - 4) Prepare the space for entry according to the permit.
 - 5) The competent entry supervisor must review the permit for accuracy and completeness, determine if acceptable entry conditions are present, authorize entry, and oversee entry operations and termination.
 - 6) The building/area/facility manager responsible for the confined space (the confined space "owner" also reviews the permit and authorizes the work with a signature.
 - 7) Verify that qualified and trained rescue services are equipped and ready to perform a timely rescue, considering the hazards potentially present in the permit space.