

SLAC CONFINED SPACE ENTRY PERMIT

(see instructions - over)

Number: _____

POST PERMIT AT JOB SITE UNTIL JOB IS COMPLETED

Location and description of confined space		Sector 30 Aligment Vault	
Purpose of entry		Align laser beam	
Division authorizing work	Aligment Group	Date of entry	10/3/89
Other permits required (hot work, line breaking, other)	None	Time of entry	9:50
Entry supervisor (print)	John Sheppardson	Expiration date and time	
Attendants (print)	Brian Fuss/Michael Rogers	Entrants	Georg Glassner
Known and potential hazards in space		Stagnant Air	
Describe acceptable entry conditions		Fan will be on, Exit if fan fails	
Precautions (Check and explain where required)		Operational and protective equipment (Check and explain where required)	
<input checked="" 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 checked="" type="checkbox"/>	Full body harness
<input checked="" 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 type="checkbox"/>	Area security (warning signs, barricades)
<input type="checkbox"/>	Lines blocked or broken	<input checked="" type="checkbox"/>	Ventilation fan or blower <i>on</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, verbal)	<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"/> Non-entry rescue procedure and equipment in place (Attendant will extract entrant without entering space) OR <input checked="" type="checkbox"/> Entry rescue service and equipment ready to effect a timely rescue (considering hazards in space) <input type="checkbox"/> List rescue equipment: Fire Dept. is 200 yards away		<input type="checkbox"/>	Gloves (impervious, chemical, leather, other)
		<input type="checkbox"/>	Air purifying respirator (specify cartridge type)
		<input type="checkbox"/>	Head protection
		<input checked="" type="checkbox"/>	Fall protection equipment <i>harness</i>
		<input type="checkbox"/>	PIC
		<input checked="" type="checkbox"/>	Radiation dosimeter(s)
		<input type="checkbox"/>	Other (specify)
Notes: Roadway security guard		Notes:	

assist

M. Rogers

Air monitoring device <i>Drager Mia Warr</i>	Sequence or serial number <i>AKWB-0074</i>	Date due for calibration <i>12-2008</i>	Pre-use spot check performed by <i>JL</i>	Notes

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>09:45</i>	<i>JL</i>	O ₂ : 19.5-23.5% <i>20.9%</i>	<10% LEL/LFL <i>0%</i>	<25 ppm CO <i>0 ppm</i>	<10 ppm H ₂ S <i>0 ppm</i>	Stratification <i>JL</i>	Other	

Entrant IN/OUT record		Time IN	Time OUT	Time IN	Time OUT
Name	<i>G. Glassner</i>	<i>09:50</i>	<i>11:25 AM</i>		
Name					
Name					

Work Authorization

Building/area/facility manager or designee (print) _____ Date *10-3-08* Time *9:45*

Permit authorization

Competent entry supervisor's signature _____ (must be signed before entry) Date *10-07-2008* Time *09:45*

(Signature certifies that precautions and equipment are in place, atmospheric testing shows air acceptable for entry, permit is complete)

Permit cancellation

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