

# CONFINED SPACE ENTRY PERMIT

38-40 Review Ave, Long Island City, NY 11101  
T: 718-729-3018 F: 718-729-5799  
NYCDOS: 23 NYSDEC: 2-6304-0036/00001 NYSDECMM: 2A-443  
NYCBIC: 775 NYCDEP: CB029806 NYCDEP: S12-12



|                  |  |            |               |             |  |
|------------------|--|------------|---------------|-------------|--|
| Date Issued      |  | Start Time |               | Finish Time |  |
| Location of Work |  |            | Scope of Work |             |  |



**FIRST DETERMINE IF ALTERNATE ENTRY PROCEDURES CAN BE EMPLOYED FOR PIT / TANK ONLY**

| POSSIBLE HAZARD  | YES or NO | IF NO THEN                        | IF YES THEN                       |
|--|-----------|-----------------------------------|-----------------------------------|
| Are there 2 working pumps available?   | Y or N    | STOP employ full entry procedures | May continue alternate procedures |
| Without pumps on, can the water level rise from the entrant's knee to above the waist in less than 1 minute? | N or Y    | May continue alternate procedures | STOP employ full entry procedures |
| Can both pumps be activated by both the entrant and attendant?   | Y or N    | STOP employ full entry procedures | May continue alternate procedures |
| If using waders, are they watertight or break-away capable if filled with water?                             | Y or N    | STOP do not continue at all       | May continue alternate procedures |
| Will LOTO eliminate all electrical hazards?  | Y or N    | STOP do not continue at all       | May continue alternate procedures |
| I am ventilating the space to ensure Oxygen over 19.5?   | Y or N    | STOP do not continue at all       | May continue alternate procedures |
| In your opinion, are there any other hazards?  | N or Y    | May continue alternate procedures | STOP employ full entry procedures |

| PERSONNEL NEEDED IF:         | ALTERNATE ENTRY PROCEDURES OK? THEN:                       | REQUIRE FULL ENTRY PROCEDURES? THEN: |
|------------------------------|--|--------------------------------------|
| Trained Entry Supervisor     | Required   | Required                             |
| Trained Entry Duty Attendant | Not required if Entry Supervisor doubles as Duty Attendant | Required                             |
| Trained Entrant              | Required   | Required                             |

| STEPS, EQUIPMENT AND SERVICABILITY  | ALTERNATE PROCEDURES OK? THEN: | REQUIRE FULL ENTRY PROCEDURES? THEN: |
|---|--------------------------------|--------------------------------------|
| Local Fire Department Rescue alerted to entry?  | NOT NEEDED                     | NEEDED                               |
| Either Supervisor / Attendant certified in first aid and CPR?   | NOT NEEDED                     | NEEDED                               |
| Fire Extinguisher   | NOT NEEDED                     | NEEDED                               |
| PPE Carry Bag Complete  | NEEDED                         | NEEDED                               |
| Conduct all LOTO and Hot Work Permit  | NEEDED                         | NEEDED                               |
| Test Atmosphere - Air Sensor Serial #:  | NEEDED                         | NEEDED                               |
| Blower injecting fresh air from fresh air source?   | NEEDED                         | NEEDED                               |
| Drop light and depth check  | NEEDED                         | NEEDED                               |
| Signage and Barricading Equipment (cones, etc)  | NEEDED                         | NEEDED                               |
| Entrance and exit(s) identified?  | NEEDED                         | NEEDED                               |
| "Constant communication" and "if either pump is inoperable or water rises above the waist" then immediate evacuation is required. Both discussed? | NEEDED                         | NEEDED                               |
| Body Harness / D-Ring / Lowering Rope / Cable   | NEEDED                         | MUST HAVE TRIPOD ALSO                |
| Tripod Mechanical Lowering Device   | NEEDED IF NECESSARY            | NEEDED                               |

| TYPE                  | LEVELS                            | PRE-ENTRY READING (Always Required)<br>ENTER READING LEVELS<br>CONSTANT MONITORING REQUIRED | If alarm, then immediate evacuation   |
|-----------------------|-----------------------------------|---|---|
| OXYGEN                | <19.5% OR > 23.5%<br>DO NOT ENTER |   | <div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>MUST ENTER METER SERIAL NUMBER</b> </div> |
| LOWER EXPLOSIVE LIMIT | >35 PPM<br>DO NOT ENTER           |   |   |
| TOXIC PELs            | PRESENT?<br>DO NOT ENTER          |   |   |

| ENTRY SUPERVISOR NAME | (IF) DUTY ATTENDANT NAME | ENTRANT NAME |
|-----------------------|--------------------------|--------------|
|                       |                          |              |

ENTRY SUPERVISOR'S SIGNATURE: \_\_\_\_\_