

## §5157 Appendix D-2 - Entry Permit

**Entry Permit:**

PERMIT VALID FOR 8 HOURS ONLY. ALL COPIES OF PERMIT WILL REMAIN AT JOB SITE UNTIL JOB IS COMPLETED.

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ SITE LOCATION AND DESCRIPTION \_\_\_\_\_  
 DATE

PURPOSE OF ENTRY \_\_\_\_\_

SUPERVISOR(S) in charge of crews \_\_\_\_\_

Type of crew \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Phone #

COMMUNICATION PROCEDURES \_\_\_\_\_

RESCUE PROCEDURES (PHONE NUMBERS AT BOTTOM) \_\_\_\_\_

**\*BOLD DENOTES MINIMUM REQUIREMENTS TO BE COMPLETED AND REVIEWED PRIOR TO ENTRY\***

REQUIREMENTS COMPLETED	DATE	TIME
<b>Lock Out/De-energize/Try-out</b>	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<b>Line(s) Broken-Capped-Blanked</b>	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<b>Purge-Flush and Vent</b>	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<b>Ventilation</b>	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<b>Secure Area (Post and Flag)</b>	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<b>Breathing Apparatus</b>	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<b>Resuscitator - Inhalator</b>	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<b>Standby Safety Personnel</b>	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<b>Full Body Harness w/ "D" ring</b>	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<b>Emergency Escape Retrieval Equipment</b>	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<b>Lifelines</b>	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Fire Extinguishers	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Lighting (Explosive Proof)	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Protective Clothing	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Respirator(s) (Air Purifying)	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Burning and Welding Permit	____ / ____ / ____	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

**Note:** Items that do not apply enter N/A in the blank.

**\*\*RECORD CONTINUOUS MONITORING RESULTS EVERY 2 HOURS\*\***

CONTINUOUS MONITORING TEST(S) TO BE TAKEN	PERMISSIBLE ENTRY LEVEL	MONITORING RESULTS EVERY 2 HOURS			
<b>PERCENT OF OXYGEN</b>	19.5% TO 23.5%	_____	_____	_____	_____
<b>LOWER FLAMMABLE LIMIT</b>	Under 10%	_____	_____	_____	_____
<b>CARBON MONOXIDE</b>	35 PPM*	_____	_____	_____	_____
Aromatic Hydrocarbon	1 PPM - 5 PPM	_____	_____	_____	_____
Hydrogen Cyanide	4.7 PPM* (S)	_____	_____	_____	_____
Hydrogen Sulfide	10 PPM+ 15 PPM*	_____	_____	_____	_____
Sulfur Dioxide	2 PPM+ 5 PPM*	_____	_____	_____	_____
Ammonia	25 PPM 35 PPM*	_____	_____	_____	_____

\* Short-term exposure limit: Employee can work in the area up to 15 minutes.  
 + 8 hr. Time Weighted Avg.: Employee can work in area 8 hrs (longer with appropriate respiratory protection).

REMARKS: \_\_\_\_\_

GAS TESTER NAME & CHECK #	INSTRUMENT(S) USED	MODEL &/OR TYPE	SERIAL &/OR UNIT #
_____	_____	_____	_____
_____	_____	_____	_____

**SAFETY STANDBY PERSON IS REQUIRED FOR ALL CONFINED SPACE WORK**

SAFETY STANDBY PERSON(S)	CHECK #	CONFINED SPACE ENTRANT(S)	CHECK #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SUPERVISOR AUTHORIZATION - ALL CONDITIONS SATISFIED: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

AMBULANCE# \_\_\_\_\_ FIRE# \_\_\_\_\_ SAFETY OFF# \_\_\_\_\_ GAS COORDINATOR# \_\_\_\_\_