

# SCOTT'S VALLEY FIRE PROTECTION DISTRICT

## Confined Space Entry Permit

Incident # \_\_\_\_\_ IC \_\_\_\_\_ Safety Officer \_\_\_\_\_  
 Date \_\_\_\_\_ Location \_\_\_\_\_ Type of Space \_\_\_\_\_  
 Occupant \_\_\_\_\_ Persons or Company Doing Work \_\_\_\_\_  
 Type of Work Being Done \_\_\_\_\_

Permit Space Hazards	
✓	Hazard
<input type="checkbox"/>	Pre-Opening Hazards
<input type="checkbox"/>	Oxygen Deficiency/Enrichment
<input type="checkbox"/>	Flammables or Fire
<input type="checkbox"/>	Hazardous Materials
<input type="checkbox"/>	Hazardous Energy
<input type="checkbox"/>	Engulfment or Entrapment
<input type="checkbox"/>	Falls/Falling Objects
<input type="checkbox"/>	Poor Lighting
<input type="checkbox"/>	Noise
<input type="checkbox"/>	Extreme Heat or Cold
<input type="checkbox"/>	Other Hazards

Preparation Procedures		
Req'd	Done	Procedure
<input type="checkbox"/>	<input type="checkbox"/>	Review Pre-Plan
<input type="checkbox"/>	<input type="checkbox"/>	Secure Entry Permit
<input type="checkbox"/>	<input type="checkbox"/>	Pre-Open Hazards
<input type="checkbox"/>	<input type="checkbox"/>	Electrical Lockout/Tagout
<input type="checkbox"/>	<input type="checkbox"/>	Pneumatic Isolation
<input type="checkbox"/>	<input type="checkbox"/>	Hydraulic Isolation
<input type="checkbox"/>	<input type="checkbox"/>	Mechanical Isolation
<input type="checkbox"/>	<input type="checkbox"/>	Site Access Control
<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control/Barricades
<input type="checkbox"/>	<input type="checkbox"/>	Noise, Heat, Cold
<input type="checkbox"/>	<input type="checkbox"/>	Fall Protection
<input type="checkbox"/>	<input type="checkbox"/>	Ventilation Purge Time
Procedures, if not attached, can be found in:		

Required Equipment	
Personal Protection	
<input type="checkbox"/>	Eye Protection
<input type="checkbox"/>	Hearing Protection
<input type="checkbox"/>	Hand Protection
<input type="checkbox"/>	Foot Protection
<input type="checkbox"/>	Level A (Haz Mat)
<input type="checkbox"/>	Level B (Haz Mat)
<input type="checkbox"/>	SAR
<input type="checkbox"/>	Other:
Fall Protection or Retrieval	
<input type="checkbox"/>	Harnesses
<input type="checkbox"/>	Tripod
<input type="checkbox"/>	Wristlets
<input type="checkbox"/>	Ladder
<input type="checkbox"/>	Block and Tackle
Other Equipment	
<input type="checkbox"/>	Atmospheric Monitors
Type	
<input type="checkbox"/>	Ventilator(s)
CFM	
<input type="checkbox"/>	Communication Devices
Type	
<input type="checkbox"/>	Medical Equipment
Type	
<input type="checkbox"/>	Haz Mat Equipment
Type	
<input type="checkbox"/>	Sparkproof Tools/Lighting
Type	
<input type="checkbox"/>	Fire Extinguisher

Patient Status	
<input type="checkbox"/> Rescue	<input type="checkbox"/> Body Recovery
Number of Patients: _____	
Mechanism of Injury: _____	
_____	

Apparatus On Scene	
District Chief(s)	_____
Engine(s)	_____
Truck(s)	_____
Rescue(s)	_____
Ambulance(s)	_____
Other	_____

Comments
_____
_____
_____

Attach ICS 201 and 214 for additional information and sketch of confined space.

### Atmospheric Tests - Test Gases in Order Shown

Gas	Limits	Test						Equipment	Tester
		1	2	3	4	5	6		
1. Oxygen	23.5% 19.5%	Time						Type: Calibrated on Scene:	
		Result							
2. Combustibles	10% LEL	Time						Type: Calibrated on Scene:	
		Result							
3. Carbon Monoxide	35 PPM	Time						Type: Calibrated on Scene:	
		Result							
4. Hydrogen Sulfide	10 PPM	Time						Type: Calibrated on Scene:	
		Result							
5.		Time						Type: Calibrated on Scene:	
		Result							
6.		Time						Type: Calibrated on Scene:	
		Result							

### Entry Authorization

Entry Supervisor(s) \_\_\_\_\_  
 Attendant \_\_\_\_\_  
 Authorized Entrants \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Back-up Authorized Entrants \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that all pre-entry conditions listed on this permit have been met and the space is safe to enter.

Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Entry Supervisor \_\_\_\_\_  
 Safety Officer \_\_\_\_\_  
 Incident Commander \_\_\_\_\_  
 Permit Cancelled (date/time/signature) \_\_\_\_\_

Did all information on this permit accurately reflect conditions encountered? \_\_\_\_\_  
 List needed changes in the comments section on the other side. \_\_\_\_\_

**RESCUE ENTRY PERMIT**

(continued)

**COMMUNICATION PLAN**

- Visual/Hand Signals
- Voice
- Radio (Intrinsically Safe)
- Rope Signals

**VENTILATION PLAN**

- Natural
- Forced Exhaust
- Forced Supply
- Forced Supply & Exhaust

Gas	Physical Characteristics	Flammability LEL	Toxicity TLV
Carbon monoxide CO	Colorless Odorless	12.5%	.0025% [25 ppm]
Carbon dioxide CO <sub>2</sub>	Colorless Odorless	Non-flammable	.5% [5000 ppm]
Methane CH <sub>4</sub>	Colorless Odorless	5%	Non-toxic
Hydrogen sulfide H <sub>2</sub> S	Colorless Rotten egg odor	4%	.001% [10 ppm]
Sulfur dioxide SO <sub>2</sub>	Colorless Suffocating odor	Non-flammable	.0002% [2 ppm]
Nitrogen dioxide NO <sub>2</sub>	Brown Pungent odor	Non-flammable	.0003% [3 ppm]

▶ NOTES ◀	
Entry Group Supervisor's Signature	Date: