**ERT Contact:** **Call Security 518-437-8600 or ext. 78600 from landline**

|  |  |  |
| --- | --- | --- |
| **Date:** | **Entry Time:** | **Time Completed:** |
| ***This permit expires 8 hours after Date and Entry Time listed above.*** | | |
| **Requestor Name/Phone #:** | | |
| **Work Sponsor/Phone #:** | | |
| **Contractor Name/Representative Phone #:** | | |
| **Entry Team Name(s)/Phone #(s):** | | |
| **Rescue Team or Service Name(s)/Phone #(s):** | | |
| **Confined Space to be Entered:** | | |
| **Inventory Number (if applicable):** | | |
| **Purpose for Entry:** | | |

**IN CASE OF EMERGENCY, CALL ext. 78600 or 518-437-8600**

**Potential Hazards in Confined Space: Protective and/or Rescue Equipment Required:**

Yes No

Oxygen Deficiency (<19.5%) Full Body Harness, Lifeline

Flammable gases / vapors Respiratory/Breathing Apparatus   Type:

(>10% LL, or > 23.5% oxygen) Tripod (Covers entire opening)

Toxic Gases / Vapors (>TLV) Gloves    Type:

Mechanical Hazards Safety Glasses

Electric Shock Body Protection

Engulfment Hearing Protection   Type:

Liquid solvents / acids Ventilation

Other:       Fire Extinguishers   Type:       Lighting (GFCI Required)

Other, specify:

Additional Permits / Authorization Needed:  None  Hot Work  Lockout / Tagout  Other:

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorized Entrants (Print Name):** | **Signature:** | **Authorized Attendants (Print Name):** | **Signature:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Do Not Write Below This Line – ERT/EHS USE ONLY – Do Not Write Below This Line** |

|  |  |
| --- | --- |
| **Prior to Entry:** | **Communication:** |

**\***Entrants, Attendants, Supervisors, Rescue Team Yes No  Voice

Confined Space Trained**\***    Radio / Walkie-Talkie

Space is Cleaned / Drained / Purged    Rope Pulls

Forced Ventilation Required    Hand Signals

Periodic Air Monitoring Required; if yes, freq.      min.    Cell Phone

Space Barricaded    Other:

ERT/EHS Issued Confined Space Sign

**Air Sampling Results Table**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Test Allowable Limits (8 Hrs)** | **Time** | **ERT/EHS Initial** | **Contractor Initial** | **Time** | **Cont. 1** | **Time** | **Cont. 2** | **Time** | **Cont. 3** |  |
| Oxygen (O2) 19.5-23.5% |  |  |  |  |  |  |  |  |  |  |
| Flammability <10% LEL |  |  |  |  |  |  |  |  |  |  |
| Carbon Monoxide (CO) 25ppm |  |  |  |  |  |  |  |  |  |  |
| Hydrogen Sulfide (H2S) 10ppm |  |  |  |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |  |  |  |

**ERT/EHS:** Confined space is safe for entry? Yes  No

**ERT/EHS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Signature

**Supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Signature

**Permit and ERT sign must be posted during work.**

**\* 2 copies of Confined Space Training Certification MUST be submitted to Work Authorization Permit Meeting. \***