**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. \***