

# Austin Bridge & Road Confined Space Entry Permit

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location/Project: \_\_\_\_\_

Reason for Entry: \_\_\_\_\_

**Pre-Entry Hazard Analysis:**

<p><b>1. Atmospheric Check:</b></p> <p>a. Equipment Calibrated: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">Date equipment calibrated _____</p> <p style="margin-left: 20px;">Name of person completing calibration _____</p> <p>b. Oxygen % (must be 19.5% but not higher than 22%): _____</p> <p>c. Explosive Atmosphere: LEL: Note: Any positive LEL reading will require consultation with company safety representative before entry. _____</p> <p>d. Toxic: H<sub>2</sub>S _____ and CO<sub>2</sub> _____ Other (Specify): _____</p> <p style="margin-left: 20px;">Note: Any positive toxic reading requires consultation with company safety representative before entry.</p>	<p><u>Test Result:</u></p>	<p><b>2. Required PPE:</b></p> <p>a. Hard Hat <input type="checkbox"/></p> <p>b. Safety Glasses <input type="checkbox"/></p> <p>c. Goggles <input type="checkbox"/></p> <p>d. Face Shield <input type="checkbox"/></p> <p>e. Ear Plugs <input type="checkbox"/></p> <p>f. Protective Clothing <input type="checkbox"/> specify: _____</p> <p>g. Gloves <input type="checkbox"/></p> <p>h. Rubber Boots <input type="checkbox"/></p> <p>i. Respirator <input type="checkbox"/> specify _____</p> <p>j. Lifeline/harness <input type="checkbox"/></p> <p>k. Other <input type="checkbox"/> specify: _____</p>	<p><b>3. Equipment:</b></p> <p>a. Mechanical Ventilation <input type="checkbox"/></p> <p>b. Hoisting equipment <input type="checkbox"/></p> <p>c. Powered Communications <input type="checkbox"/></p> <p>d. Non-sparking tools <input type="checkbox"/></p> <p>e. Low Voltage Light <input type="checkbox"/></p> <p>f. Other <input type="checkbox"/> specify: _____</p>
			<p><b>4. Rescue/Emergency Procedure:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
			<p><b>5. Required Training Completed?</b></p> <p style="text-align: center;">Yes _____ No _____</p>

**Note:** Atmospheric monitor must be equipped with alarm and warning light if it is to be used for continuous atmospheric monitoring while personnel are in the confined space.

Name of Persons Entering Confined Space:	Signature:
_____	_____
_____	_____
_____	_____

Name of Attendant: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Supervisor Preparing Permit and Authorizing Entry: \_\_\_\_\_ Signature: \_\_\_\_\_

Permit Closed: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Signature of Closing Supervisor: \_\_\_\_\_

**This permit must be posted at the confined space at all times during the actual entry. When the entry is complete, the permit will be filed at the jobsite.**