

City of Winona Annual Confined Space Entry Permit

Date and Time Issued		Date and Time Expires		
Job Site/Space ID		Job Supervisor		
Equipment to be worked on		Work to be performed		
Standby Personnel		1.	3.	
		2.	4.	
Atmospheric Check	Time	Explosive	%L.F.L.	
	Oxygen _____ %	Toxic	PPM	
Tester's signature				
Source isolation (No Entry)	N/A	Yes	No	
Pumps or lines blinded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disconnected, or blocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation Modification	N/A	Yes	No	
Mechanical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Natural Ventilation only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Atmospheric check after isolation and ventilation	Oxygen _____ % > 19.5%		Toxic _____ PPM < 10 PPM H(2)S	
	Explosive _____ % L.F.L < 10 %		Time _____	
Tester's signature				
Communication procedures				
Rescue procedures				
Entry standby, and back up persons	Yes	No		
Successfully completed required training?	<input type="checkbox"/>	<input type="checkbox"/>		
Is it current?	<input type="checkbox"/>	<input type="checkbox"/>		
Equipment	N/A	Yes	No	
Direct reading gas monitor – tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety harnesses and lifelines for entry and standby persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hoisting equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Powered communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Protective Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All electric equipment listed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Class I, Division I, Group D and Non-sparking tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Periodic atmospheric tests and dates. (Additional listings on back)	Date _____ Time _____	Oxygen _____ %	Explosive _____ %	Toxic _____ %
	Date _____ Time _____	Oxygen _____ %	Explosive _____ %	Toxic _____ %
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	Date _____ Time _____	Oxygen _____ %	Explosive _____ %	Toxic _____ %
	Date _____ Time _____	Oxygen _____ %	Explosive _____ %	Toxic _____ %
	Date _____ Time _____	Oxygen _____ %	Explosive _____ %	Toxic _____ %
We have reviewed the work authorized by this permit and the information contained here-in. Written instruction and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked in the "No" column. This permit is not valid unless all appropriate items are completed.				
Permit Prepared By: (Supervisor)				
Approved By: (Unit Supervisor)				
Reviewed By: (Cs Operations Personnel) (PRINT)		(Signature)		

This permit is to be kept at job site. Return job site copy to Unit Superintendent following job completion. Superintendent shall retain for a Minimum of 1 (One) Year.

Watchperson Responsibilities

- You are responsible for making sure the person in the confined space is okay. You must have a portable phone at hand, so you can call for help if there are problems.
- You cannot smoke while you are serving as the watchperson.
- Make sure you can see or hear the person in the confined space at all times. If you cannot hear the person moving around, call for help.
- If the person in the confined space is injured (breaks a leg, gets a cut) **and** the meter is not alarming, call 911 (the Fire Department). You can then enter the space to help the worker get out.
- If the person in the confined space stops moving or doesn't respond to your signals, **call 911 (the Fire Department)** and request help immediately. **Do NOT enter the confined space.** Use the lifeline to retrieve the person, if you can.