

**Confined Space Entry Permit  
Brieser Construction**

Unit:		Location and Job Number:		Rev. 10
Purpose of Entry:		Permit Expires:		
Entry Date:		Entry Time:		
Attendant(s):	1	Entrants:	1	
	2		2	
	3		3	

**\*\*\*IF ENTRANT LOG IS USED ON PAGE 25 PLEASE INDICATE YES/NO\*\*\***

**Rescue Information:**

**Telephone Number(s):**

Hazard Control Checklist		Yes	N/A
1	Has the confined space been drained and purged?	<input type="checkbox"/>	<input type="checkbox"/>
2	Has the confined space been cleaned?	<input type="checkbox"/>	<input type="checkbox"/>
3	Has the confined space been ventilated?	<input type="checkbox"/>	<input type="checkbox"/>
4	Has the confined space been blinded or isolated?	<input type="checkbox"/>	<input type="checkbox"/>
5	Have all energy sources been locked out/tagged out and in a zero energy state?	<input type="checkbox"/>	<input type="checkbox"/>
6	Have all radiation sources been locked into their shielded containers?	<input type="checkbox"/>	<input type="checkbox"/>
7	Do each open man way or entrance to the confined space have a posted notice?	<input type="checkbox"/>	<input type="checkbox"/>
8	Is rescue equipment required?	<input type="checkbox"/>	<input type="checkbox"/>
9	Will entry involve any of the following:	<input type="checkbox"/>	<input type="checkbox"/>
	- Oxygen deficiency (less than 19.5%)?	<input type="checkbox"/>	<input type="checkbox"/>
	- Flammable gases or vapors greater than 10% of the Lower Flammable Limit or greater than 23.5% oxygen?	<input type="checkbox"/>	<input type="checkbox"/>
	- Toxic gases or vapors greater than the Permissible Exposure Limit?	<input type="checkbox"/>	<input type="checkbox"/>
	- Configuration hazards?	<input type="checkbox"/>	<input type="checkbox"/>
	- Electrical Shock?	<input type="checkbox"/>	<input type="checkbox"/>
	- Engulfment?	<input type="checkbox"/>	<input type="checkbox"/>
	- Materials harmful to the skin?	<input type="checkbox"/>	<input type="checkbox"/>
	- Mechanical hazards	<input type="checkbox"/>	<input type="checkbox"/>
10	Have all employees on this permit been trained in confined Spaces? (Entry supervisor to verify training with office, Training is good for two years)	<input type="checkbox"/>	<input type="checkbox"/>

**IF YES TO ANY OF THE ITEMS IN NUMBER 9 ABOVE, CONTACT BRIESER SAFETY AT (815) 955-3972.**

Required PPE

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Communication Equipment                | <input type="checkbox"/> Ventilation                         | <input type="checkbox"/> Respiratory Protection: HF/FF SCBA       |
| <input type="checkbox"/> Electrical Equipment                   | <input type="checkbox"/> Safety Glasses, Goggles, Faceshield | <input type="checkbox"/> Fall Protection                          |
| <input type="checkbox"/> Protective Clothing (FRC/Acid/Clicker) | <input type="checkbox"/> Gloves- Chemical/Thermal            | <input type="checkbox"/> Foot Protection                          |
| <input type="checkbox"/> Rescue Equipment                       | <input type="checkbox"/> Hard Hat                            | <input type="checkbox"/> Other (Special Precautions/Restrictions) |

Air Monitoring Sampling Required  Initial  Periodic  Continuous

Multigas Detector Calibration Date: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Multigas Detector Calibration Daily Check  Pass  Fail-Recalibrate  Recalibrated

Tests Required	Initial					Safe Limit		Altair Calibration Unit-Serial Number
						Min 19.5%	Max 23.5%	
1 Oxygen						Min 19.5%	Max 23.5%	Altair 5 IR Multigas Detector Serial Number
2 Combustible Gases (% LEL)						Less than 10%		
3 Carbon Monoxide (CO)						25 ppm		
4 Hydrogen Sulfide (H <sub>2</sub> S)						5ppm		
5 SO <sub>2</sub>						2ppm		
6 Total Hydrocarbons						300 ppm		
7 Benzene						1 ppm		
8 Other:								

Authorization of Entry Supervisor: I attest that all entrants and attendants of this confined space have received training per Section 18 with the Brieser Construction Safety Manual.

Signature _____		Date _____	
Routing	Scan	SAFETY/PERMITS COMPLETED/CONFINED SPACE/YY COMPLETED CONFINED SPACE PERMITS	

