

Fort Hamilton Confined Space Entry Permit

Issued by the Fort Hamilton Safety Office

- *Telecom manholes with “no additional hazards” for “normal telecom operations” do not require a permit, but entry must comply with 29 CFR 1910, 146 and 268.*

Date and Time Issued: _____

Date and Time Expires: _____

Job site/Space I.D.: _____

Organization: _____

Equipment to be worked on: _____

Work to be performed: _____

Stand-by personnel: _____

1. Atmospheric Checks:

Time _____

Oxygen _____ %

Explosive _____ % L.E.L.

Toxic _____ PPM

2. Tester's signature: _____

3. Source isolation (No Entry): *N/A Yes No*

Pumps or lines blinded, disconnected, or blocked () () ()

4. Ventilation Modification: *N/A Yes No*

Mechanical () () ()

Natural Ventilation only () () ()

5. Atmospheric check after isolation and ventilation:

Oxygen _____ % > 19.5 %

Explosive _____ % L.E.L. < 10 %

Toxic _____ PPM < 10 PPM H(2)S

Time _____

6. Testers signature: _____

7. Communication procedures: _____

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8. Rescue procedures: _____

9. Entry, standby, and back up persons: Yes No

Successfully completed required training? () ()
Is it current? () ()

10. Equipment: N/A Yes No

Direct reading gas monitor tested? () () ()
Safety harnesses and lifelines for entry and standby persons? () () ()
Hoisting equipment? () () ()
Powered communications? () () ()
SCBA's for entry and standby persons? () () ()
Protective Clothing? () () ()
All electric equipment listed Class I, Division I, Group D, and non-sparking tools? () () ()

11. Periodic atmospheric tests:

Oxygen ____%	Time _____	Oxygen ____%	Time _____
Oxygen ____%	Time _____	Oxygen ____%	Time _____
Explosive ____%	Time _____	Explosive ____%	Time _____
Explosive ____%	Time _____	Explosive ____%	Time _____
Toxic ____%	Time _____	Toxic ____%	Time _____
Toxic ____%	Time _____	Toxic ____%	Time _____

Continue readings on back of permit if required.

We have reviewed the work authorized by this permit and the information contained herein. Written instructions 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 and all names / signatures are present. This permit is valid for 8 hours or one work shift, whichever is shorter in duration.

Permit Prepared By: (Confined Space Coordinator) _____/_____

Reviewed By: (Entry "On-Sight" Supervisor) _____/_____

Approved By: (Organization Supervisor) _____/_____

Final Review By: (Fort Hamilton Safety Office) _____/_____
(printed name) (signature)

Permit cancelled by _____

Permit cancelled due to _____

Cancellation Date _____ Time: _____

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AMBULANCE & FIRE

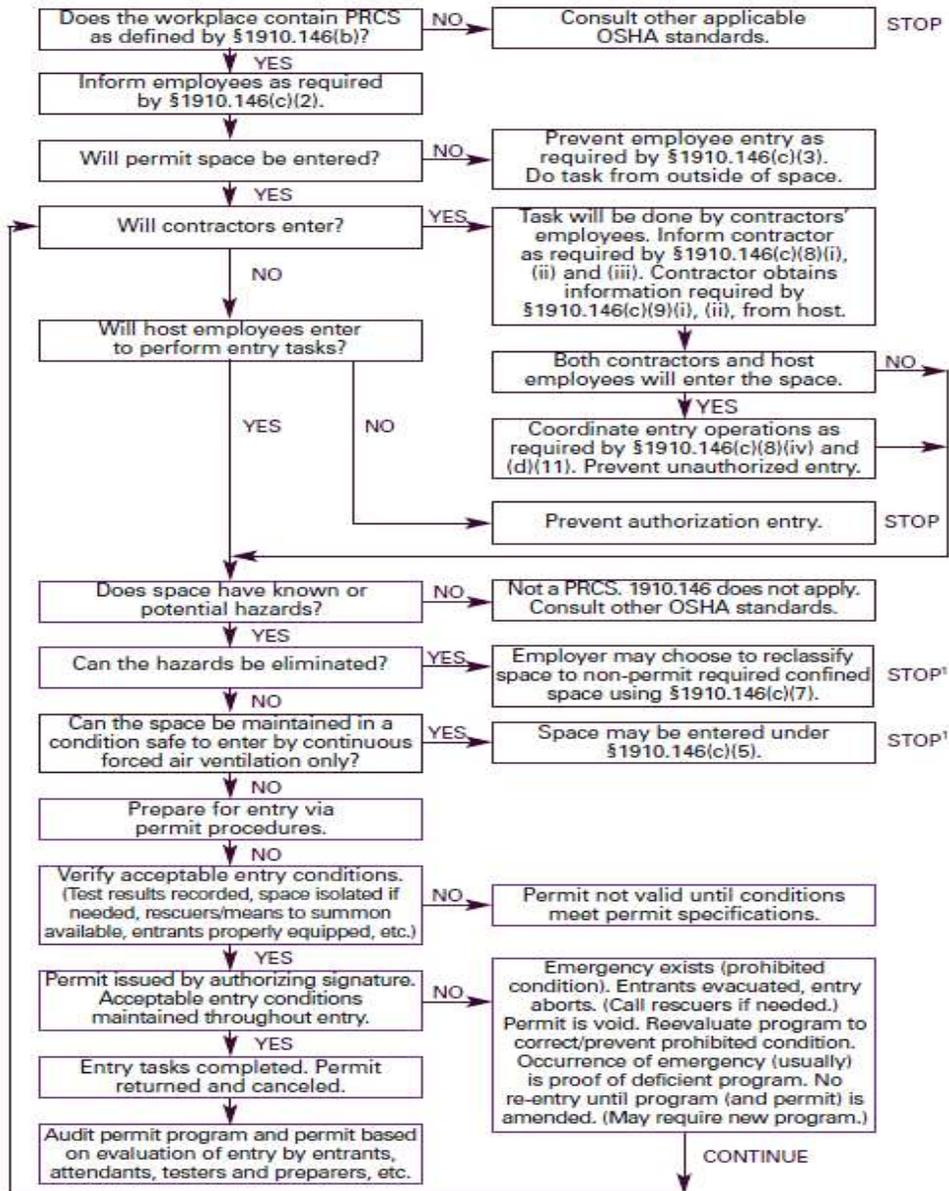
Primary – 718-630-4357

Alternate – 911

Fort Hamilton Safety Office – 718-630-4232

This permit to be kept at job site. Return job site copy upon completion of work to Fort Hamilton Safety Office, Bldg 137C Poly Place, Suite 2E, Brooklyn, NY 11252.

Permit-Required Confined Space Decision Flow Chart



¹ Spaces may have to be evacuated and reevaluated if hazards arise during entry.

Source: 29 CFR 1910.146 Appendix A.