

**Bainbridge Island Metropolitan Park & Recreation District
Confined Space Entry Permit**

Date permit issued: _____ By: _____ Program Administrator _____ Designated Supervisor

Print name: _____ Signature: _____

Confined space to be entered: _____ Purpose of entry: _____

Site location: _____

Designated supervisor on job: _____ Phone Number: _____

<p>Check hazards that exist:</p> <input type="checkbox"/> Asphyxiating atmospheres <input type="checkbox"/> Oxygen deficiency <input type="checkbox"/> Flammable atmospheres <input type="checkbox"/> Toxic atmospheres <input type="checkbox"/> Burn hazards <input type="checkbox"/> Heat stress hazards <input type="checkbox"/> Mechanical hazards <input type="checkbox"/> Engulfment hazards <input type="checkbox"/> Physical hazards (falls, slipping, tripping) <input type="checkbox"/> Electrocutation <input type="checkbox"/> Danger of unexpected movement of machinery <input type="checkbox"/> Danger of unexpected release of energy	<p>Check required mechanisms for controlling hazards:</p> <input type="checkbox"/> Lockout of energy sources <input type="checkbox"/> Cleaning and purging <input type="checkbox"/> Local ventilation during hot work or chemical use <input type="checkbox"/> Other: _____
<p><u>EMERGENCY CONTACT:</u></p> <p>911 (Emergency Rescue Service)</p> <p>206.842.7686 (BI Fire Department)</p>	

<p>Check required equipment:</p> <input type="checkbox"/> Ventilation equipment <input type="checkbox"/> Barriers/signs <input type="checkbox"/> Gas monitor <input type="checkbox"/> Phone or radio <input type="checkbox"/> Lights <input type="checkbox"/> Ladder <input type="checkbox"/> Respirator <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Lifelines <input type="checkbox"/> Full body harness with D ring <input type="checkbox"/> Hoist <input type="checkbox"/> Emergency escape retrieval equipment <input type="checkbox"/> Attendant to stand by <input type="checkbox"/> Other:	<p>Check required personal protection equipment (PPE):</p> <input type="checkbox"/> Hard hat <input type="checkbox"/> Gloves <input type="checkbox"/> Safety glasses <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
<p>Specific instructions:</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Circle below any testing required prior to entry. (Atmospheric tests should be made from outside the space and be done prior to each entry). Prior to entry, entrant or attendant must record readings below.

Substance:	Acceptable level:	Date/Time/Reading/By:	Date/Time/Reading/By:	Date/Time/Reading/By:
Oxygen	19.5% -23.5%	/ / /	/ / /	/ / /
Explosive gas/vapor	<10% LEL	/ / /	/ / /	/ / /
Explosive dust	<LEL (5' visibility)	/ / /	/ / /	/ / /
Carbon monoxide	<35 ppm	/ / /	/ / /	/ / /
Hydrogen sulfide	<10 ppm	/ / /	/ / /	/ / /
Other:		/ / /	/ / /	/ / /

I understand that prior to entry into this space, the above requirements must be met, and I acknowledge that I have received the appropriate training to enter this permit required confined space, and I certify that the above requirements have been met.

Date of entry	Name of entrant	Initials:	Name of attendant:	Initials

For questions: Contact the Program Administrator. (Name _____ Phone _____)
 When entry operations have been completed and permit required space can be closed, cancel permit and turn into above Prog. Administrator.

Date permit cancelled: _____ By: _____ Program Administrator _____ Designated Supervisor

Print name: _____ Signature: _____