

CONFINED SPACE/HAZARDOUS AREA ENTRY PERMIT
NAVEUR NAVSUPPACT NAPLES 5100/1 (Rev 11-19)

TYPE OF ENTRY (Check One): <input type="checkbox"/> Pump Station Dry Well <input type="checkbox"/> Pump Station Wet Well <input type="checkbox"/> Manhole <input type="checkbox"/> Other (Explain):	DATE: _____ PERMIT# _____ EXPIRES AT _____ DATE: _____ TIME: _____
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REASON FOR ENTRY:

JOB LOCATION (ADDRESS):

ENTRY SUPERVISOR:

SPECIFIC HAZARDS THAT MAY BE ENCOUNTERED: ATMOSPHERIC PHYSICAL OTHER (explain)

AUTHORIZED ENTRANTS	TIME IN	TIME OUT
ATTENDANT	N/A	N/A

CONTROL OF HAZARDS

PHYSICAL HAZARDS REQUIREMENTS	YES	NO	ATMOSPHERIC REQUIREMENTS					
FALL PROTECTION EQUIPMENT			ACCEPTABLE LIMITS FOR ENTRY					
LIGHTING (EXPLOSION PROOF)			OXYGEN	19.5% - 22.0%	(O ₂)			
HEARING PROTECTION			COMBUSTIBLE GAS (LEL)	10% MAX	(CH ₄)			
LOCKOUT/TAGOUT ELECTRICAL			HYDROGEN SULFIDE	10 PPM	(H ₂ S)			
SECURE AREA AND MONITOR			CARBON MONOXIDE	35 PPM	(CO)			
PERSONAL SAFETY EQUIPMENT			RESULTS	TIME	O₂	CH₄	H₂S	CO
HARD HATS			PRE-ENTRY					
ON-SITE RESCUE EQUIPMENT REQUIRED	YES	NO	15 MIN					
FIRE EXTINGUISHER			30 MIN					
RESPIRATOR/SCBA			45 MIN					
COMMUNICATIONS DEVICES			60 MIN					
MECHANICAL RETRIEVAL EQUIPMENT			75 MIN					
ATMOSPHERIC EQUIPMENT REQUIRED	YES	NO	GAS DETECTOR INFORMATION					
GAS DETECTOR			UNIT#	OPERATIONAL				
BLOWER / PURGE / VENTILATE			LAST CALIBRATED	BATTERY CHECK				
OTHER RESCUE INFORMATION CONCERNING THIS ENTRY			OTHER PERTINENT INFORMATION CONCERNING THIS ENTRY					

EMERGENCY RESCUE INFORMATION: In the event of a life threatening emergency, from a DSN telephone DIAL 911 or, from a Cellular phone DIAL 081-568-4911

I certify that I have evaluated the situation, the assigned personnel and the procedures to be followed are in compliance with the confined space procedures.

Upon completion of entry:

- o Original to Confined Space Program Mgr.
- o Copy to Entry Supervisor
- o Copy to Safety Office

SIGNED _____

THIS PERMIT MUST REMAIN ON-SITE DURING ENTRY
 (Use Reverse if Necessary)