

CONFINED SPACE/HAZARDOUS AREA ENTRY PERMIT <small>NAVEUR NAVSUPPACT NAPLES 5512/16 (New 9-01)</small>																																																				
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: _____																																														
REASON FOR ENTRY:																																																				
JOB LOCATION (ADDRESS):																																																				
ENTRY SUPERVISOR:																																																				
SPECIFIC HAZARDS THAT MAY BE ENCOUNTERED: <input type="checkbox"/> ATMOSPHERIC <input type="checkbox"/> PHYSICAL <input type="checkbox"/> 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% (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							<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">RESULTS</th> <th style="width: 15%;">TIME</th> <th style="width: 10%;">O₂</th> <th style="width: 10%;">CH₄</th> <th style="width: 10%;">H₂S</th> <th style="width: 10%;">CO</th> </tr> </thead> <tbody> <tr> <td colspan="6" style="padding: 5px;">PRE-ENTRY</td> </tr> <tr> <td colspan="6" style="padding: 5px;">15 MIN</td> </tr> <tr> <td colspan="6" style="padding: 5px;">30 MIN</td> </tr> <tr> <td colspan="6" style="padding: 5px;">45 MIN</td> </tr> <tr> <td colspan="6" style="padding: 5px;">60 MIN</td> </tr> <tr> <td colspan="6" style="padding: 5px;">75 MIN</td> </tr> </tbody> </table>				RESULTS	TIME	O ₂	CH ₄	H ₂ S	CO	PRE-ENTRY						15 MIN						30 MIN						45 MIN						60 MIN						75 MIN					
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ON-SITE RESCUE EQUIPMENT REQUIRED			YES		NO																																															
FIRE EXTINGUISHER																																																				
RESPIRATOR/SCBA																																																				
COMMUNICATIONS DEVICES																																																				
MECHANICAL RETRIEVAL EQUIPMENT																																																				
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:
- Original to Confined Space Program Mgr.
 - Copy to Entry Supervisor
 - Copy to Safety Office

SIGNED _____

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