

## **CONFINED SPACE ENTRY PERMIT**

PURPOSE OF ENTRY  MATERIAL PREVIOUSLY	AUTHC	PRIZED:	T ENTRY PERMIT DURATION:	(IF #	APPLIC	CONTRACTOR ABLE):  ANTICIPATED H INSTRUMENT USE		SERIAL NO	NON-PE	I OF SPACE: - REQUIRED ( RMIT REQUIF IATE ENTRY	RED		
(Atmospheric	monitor must	remain ON whi	le the entry is taking pla	ice. Cond	ditions	must be docum	nented periodica	ally and initi	ialed (recommer	nded: every ´	15 minute	es).	
TIME	TIME OXYGEN % % OF (>19.5%, <23.5%) (<10				(	CO (<25ppm)	(<	H <sub>2</sub> S (<10ppm)		Other Toxics (PEL)		Initials	
					1	KLIST						YES	NI/A
*JPL Fire Dept. has been notified of this entry (including exact location and time)				YES	N/A	Traffic controls in place						TES	N/A
Barriers/shields or railing in place						Tripod, wind	ch, safety harne	esses, lifelir	nes, and hoists	operational			
Monitoring equipment calibrated						Fire suppression equipment present, inspected and operational							
Lockout/Tagout permit procedures completed						SCBA or separate rescue breathing supply present							
Electrical equipment approved for explosive atmosphere						Ventilation equipment in use							
Ground Fault Circuit Interrupters (GFI) operational						Special war	ning/caution si	gns posted					
Ignition sources removed/isolated						Hot Work Permit (if: riveting, welding, cutting, burning, heating). Must be obtained from JPL Fire Dept.							
Protective equipment appropriate, inspected & operational						Communications available, tested and operational							
*Dispatch (4-3530) must be contacted by the Entry Supervisor must be provided to allow JPL Fire Dept. enough preparation  RESCUE SYSTEMS/EQUIPMENT COMMUNICATION DEVICES/PROCEDURE  TRIPOD RADIOS/WALKIE-TALKIES  HARNESS W/RETRIEVAL LINES CELLULAR PHONE HARDWIRED TELEPHONE				on time RES PENDA HAND: VISUAL	NT AL	REQUIRE ARM AI LS SI FACT SO	D PERSONAL P	ROTECTIVE	EQUIPMENT	GLASSES	LIGH EQUI NONE	EQUIPMENT NONE OTHER	
AUTUODITED ENTO	NT "4			SI	GNA	TURES	D) #800D						
AUTHORIZED ENTRANT #1 Name Signature			Date		ENTRY SUPE Name	RVISOR	Sig	nature		D	ate		
AUTHORIZED ENTRANT #2 Name Signature		Date		OCCUPATIONAL SAFETY PROGRAM OFFICE - REVIEWED BY Name Signature					D	Date			
ATTENDANT Name		Signature		Date		JPL/WSI FIREFIGHTER Name		Sig	ınature		D	ate	

**IMPORTANT PHONE NUMBERS** 

EMERGENCY 911 JPL Fire Department 4-3311 Occupational Safety Program Office 3-4262

When dialing from a cell phone (818) 393-3333 Dispatch 4-3530

This permit is only valid for one 8-hour work shift (unless approved otherwise by the Occupational Safety Program Office). A new permit must be issued at the beginning of each shift or when conditions change. A new permit must be issued for each individual space. This permit must remain onsite at the location of the confined space entry and submitted to the Occupational Safety Program Office (M/S 190-112) immediately after the entry is completed.