



Town of Mooresville

PERMIT-REQUIRED CONFINED SPACE PERMIT

THIS PERMIT MUST BE ISSUED BEFORE WORK IS STARTED, CONSPICUOUSLY POSTED AT THE JOB SITE, AND CANCELLED IMMEDIATELY AFTER COMPLETION. CANCELLED PERMITS ARE TO BE MAINTAINED BY THE DEPARTMENTAL SUPERVISOR.

SECTION I- WORK REQUEST

DATE: _____ TIME ISSUED: _____ TIME EXPIRED: _____

DEPARTMENT: _____ LOCATION: _____

REASON FOR ENTRY: _____

ENTRY SUPERVISOR: _____ SIGNATURE: _____

THIS CERTIFIES THAT I HAVE PERSONALLY COMPLETED A SAFETY INSPECTION OF THE AREA WHERE THE WORK IS TO BE COMPLETED AND CONDUCTED A PRE-JOB DISCUSSION WITH PERSONNEL LISTED IN SECTION III OF THIS PERMIT.

SECTION II- PERSONNEL (ATTACH LIST IF NECESSARY)

NAME	SIGNATURE	POSITION
		ENTRY SUPERVISOR
		ATTENDANT
		ENTRANT
		ENTRANT

YOUR SIGNATURE INDICATES YOU HAVE BEEN BRIEFED AND TRAINED ON THE HAZARDS OF THE SPACE, JOB DUTIES AND PRECAUTIONS YOU MUST TAKE FOR ENTRY.

SECTION III – PHYSICAL HAZARD (S) ASSESSMENT

<input type="checkbox"/> Fall Hazard <input type="checkbox"/> Engulfment <input type="checkbox"/> Fire Hazard <input type="checkbox"/> Slips / Trip <input type="checkbox"/> Biological (blood, feces) <input type="checkbox"/> Electrical	<input type="checkbox"/> Excavation <input type="checkbox"/> Hydraulic <input type="checkbox"/> Chemical <input type="checkbox"/> Poor Lighting <input type="checkbox"/> Bypassing Safety Devices <input type="checkbox"/> Stored Energy <input type="checkbox"/> Vibration	<input type="checkbox"/> Vehicle Traffic <input type="checkbox"/> Pedestrian Traffic <input type="checkbox"/> Struck By <input type="checkbox"/> Noise <input type="checkbox"/> Mechanical <input type="checkbox"/> Flammable <input type="checkbox"/> Pneumatic Energy	<input type="checkbox"/> Thermal (heat/cold stress) <input type="checkbox"/> Heavy Equipment <input type="checkbox"/> Welding <input type="checkbox"/> Underground Utilities <input type="checkbox"/> Restricted Entry/Egress <input type="checkbox"/> Other: _____
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SECTION IV - ATMOSPHERIC HAZARD(S) ASSESSMENT

<input type="checkbox"/> Low Oxygen (<19.5%) <input type="checkbox"/> High Oxygen (>23.5%) <input type="checkbox"/> Hydrogen sulfide (>10 ppm)	<input type="checkbox"/> Toxic Gas _____ <input type="checkbox"/> Carbon Monoxide (>35 ppm)	<input type="checkbox"/> Flammable (>10% LEL) <input type="checkbox"/> Other: _____
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SECTION V – SITE PREPAREDNESS

Means to restrict access to the area: Barricades Attendant Guards Signs N/A

Overhead powerlines: Yes No

SPECIAL TRAINING REQUIRED: _____

SITE SPECIFIC EMERGENCY PLAN : _____

SECTION VI – ENTRY EQUIPMENT REQUIREMENTS

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Radio/Cellphone | <input type="checkbox"/> Flaggers | <input type="checkbox"/> Ventilation Equipment | <input type="checkbox"/> Signs/ Tags |
| <input type="checkbox"/> Barriers | <input type="checkbox"/> Tripod / Davit Arm | <input type="checkbox"/> Trench box/shoring | <input type="checkbox"/> Barriers |
| <input type="checkbox"/> Signage | <input type="checkbox"/> Winch | <input type="checkbox"/> Air Monitoring | <input type="checkbox"/> Fire Extinguisher |
| <input type="checkbox"/> GFCI Protected Power | <input type="checkbox"/> Self-Retrieval Line (SRL) | <input type="checkbox"/> Explosion Proof Lighting | <input type="checkbox"/> Locks/Tags |
| <input type="checkbox"/> Generators | <input type="checkbox"/> Full-Body Harness | <input type="checkbox"/> Non-Sparking Tools | <input type="checkbox"/> Voltage-rated tools |
| <input type="checkbox"/> Ladders | <input type="checkbox"/> Bosen Chair | <input type="checkbox"/> Fire extinguisher | <input type="checkbox"/> Other: _____ |

COMMENTS:

SECTION VII – PERSONAL PROTECTIVE EQUIPMENT

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Safety Glasses | <input type="checkbox"/> Anti-vibration Gloves | <input type="checkbox"/> Balaclava | <input type="checkbox"/> FR Jacket/Rainwear |
| <input type="checkbox"/> Face Shield | <input type="checkbox"/> Hearing protection | <input type="checkbox"/> Natural Fiber Shirt/Pants | <input type="checkbox"/> Arc-Rated Face Shield |
| <input type="checkbox"/> Hard Hat | <input type="checkbox"/> Respiratory Protection | <input type="checkbox"/> FR Cover Shirt/ Jacket | <input type="checkbox"/> Flash Suit Hood |
| <input type="checkbox"/> Safety Shoes | <input type="checkbox"/> Tyvek Suit | <input type="checkbox"/> FR Over Pants | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Leather Gloves | <input type="checkbox"/> Water Resistant Boots | <input type="checkbox"/> FR Coveralls | |
| <input type="checkbox"/> Impervious Gloves | <input type="checkbox"/> Voltage-Rated Gloves | | |

SECTION VIII - ATMOSPHERIC TESTING

TESTING EQUIPMENT USED	MODEL	I.D. NUMBER

NAME: _____ SIGNATURE: _____ DATE: _____

	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____
OXYGEN (19.5%-23.5%)						
COMBUSTIBLES (<10% LEL)						
CO (< 35 PPM)						
HYDROGEN SULFIDE (<10 PPM)						
OTHER:						

SECTION IX – EMERGENCY ACTION

NEVER ENTER A CONFINED SPACE TO ATTEMPT A RESCUE. ALL TOWN OF MOORESVILLE PRCs ENTRIES WILL USED NON-ENTRY SELF-RETRIEVAL. RESCUE ATTEMPTS WILL ONLY BE PERFORMED BY THE FIRE DEPARTMENT’S TRAINED PERSONNEL. IN THE EVENT OF A CONFINED SPACE EMERGENCY CALL 911. PROVIDE DETAILED INFORMATION TO THE EMERGENCY OPERATOR LETTING THEM KNOW IT IS A CONFINED SPACE EMERGENCY, THE SPECIFICS OF THE EMERGENCY, AND LOCATION OF THE EMERGENCY.

SECTION X– PERMIT APPROVAL AND CANCELATION

PERMIT CANCELLED BY: _____ DATE: _____ TIME: _____
 PERMIT WAS CANCELED BECAUSE: WORK HAS BEEN COMPLETED THE PERMIT HAS EXPIRED
 EMERGENCY (SPECIFY) _____

**** PERMITS MUST BE MAINTAINED FOR 1 YEAR AFTER CANCELLATION****