



# 8-HOUR CONFINED SPACE ENTRY PERMIT

## Bergen County Utilities Authority

Site ID \_\_\_\_\_  
Date \_\_\_\_\_

*Permit valid for duration of entry (up to 8 hours) only. All copies of permit will remain at job site until job is completed.*

Site Location & Description Bergen County Utilities Authority  
 Purpose of Entry \_\_\_\_\_  
 Supervisor in Charge of Entry \_\_\_\_\_

**SHADED AREAS DENOTE MINIMUM REQUIREMENTS TO BE COMPLETED AND REVIEWED PRIOR TO ENTRY**

Check & Initial Appropriate Response	Yes	No	NA	Initial	Check & Initial Appropriate Response	Yes	No	NA	Initial
<b>Engineering Controls</b>					<b>Personal Protective Equipment</b>				
Lock Out/De-energize/Test					Safety Glasses				
Lines Broken/Capped/Blanked					Face Shield				
Ventilation					Chemical Goggles				
Secure Area (Barriers/Signs/Flags)					Hard Hat				
Purge/Flush/Ventilate					Gloves				
<b>Safety Equipment</b>					Safety Shoes				
Air Monitoring Equipment					Chemical Protective Clothing				
Full Body Harness with D-Ring					<b>Respiratory Protection</b>				
Emergency Escape Retrieval Equipment					ESCBA Only				
Lifelines					APR with ESCBA				
Fall Protection					Airline with ESCBA				
Fire Extinguishers/First Aid Kit					SCBA				
Explosion Proof Lighting					<b>Rescue Services - SELECT ONE</b>				
Spark Resistant Tools					Emergency Response Team Available				
Intrinsically Safe Powered Communication					Standby Rescue Personnel with SCBA				

**RECORD AIR MONITORING RESULTS PRIOR TO ENTRY. CONTINUOUSLY MONITOR THE ATMOSPHERE.  
 RECORD READINGS AT LEAST EVERY 2 HOURS.**

Air Monitoring Tests Taken	Permissible Entry Level (w/o Respiratory Protection)	Time: Conc.	Time: Conc.	Time: Conc.	Time: Conc.	Time: Conc.
	<b>Meter Site/Location</b>					
Percent Oxygen	19.5 to 23.5%					
Lower Flammable Limit	Under 10%					
Carbon Monoxide	<35 PPM+					
Hydrogen Sulfide	<10 PPM+ 15 PPM**					

\*\* Short-Term Exposure Limit: Employee can work unprotected in the area up to 15 minutes.  
 + 8-Hour Time Weighted Average: Employee can work unprotected in the area 8 hours (longer with appropriate respiratory protection.)

Air Monitor Model \_\_\_\_\_ Serial No. \_\_\_\_\_ Calibration Date \_\_\_\_\_  
 Air Monitor Model \_\_\_\_\_ Serial No. \_\_\_\_\_ Calibration Date \_\_\_\_\_

**Attendants**  
 Name \_\_\_\_\_ Signature \_\_\_\_\_ Training Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Training Date \_\_\_\_\_

**Entrants**  
 Name \_\_\_\_\_ Signature \_\_\_\_\_ Training Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Training Date \_\_\_\_\_

**ALL OF THE ABOVE CONDITIONS ARE SATISFIED AND ALL PERSONNEL NOTIFIED.**

Supervisor in Charge of Entry's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**PERMIT CANCELLED**

Supervisor in Charge of Entry's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_