

JEA CONFINED SPACE ENTRY PERMIT

PERMIT REQUIRED

NON-PERMIT REQUIRED

ENCLOSED SPACE

PART I General Information

Date _____ Time _____ Space To Be Entered _____
 Location/Building _____
 Purpose of Entry _____
 PWO Number _____ Work Permit Number _____
 Date/Time Permit Expires _____

PART II Pre-Entry

Emergency Point of Contact _____
 Means of Notification Phone, # _____
 Radio, Call ID _____
 Suspected Atmospheric Contaminant _____
 Suspected Flammable Gas, Vapor, Dust _____
 Material Previously Stored/Processed Within Space _____
 Materials To Be Utilized During Entry _____

PART III Atmospheric Test Results (Test Results After Ventilation)**

Elements of Test	PEL	Test Results	Date/Time	** Test Results	Date/Time
% Oxygen	-19.5 23.5%				
% LEL	≥ 10 %				
Carbon Monoxide	35 PPM				
Hydrogen Sulfide	10 PPM				
Sulfur Dioxide	5 PPM				
Ammonia	25 PPM				

Test Instrument _____ ID # _____ Calibration Date _____
 Calibrated By _____

PART IV Isolation and Preparation

Requirements	Yes	No	NA	Requirements	Yes	No	NA
Continuous/Periodic Air Monitoring				Full Body Harness			
Lockout/Tagout				Respiratory Protection			
Purge/Flush				Communication System			
Ventilation -General/Exhaust				Protective Clothing			
Explosive Proof Lighting				Traffic Controls			
Retrieval System							

PART V Personnel Working in Confined Space

All Personnel Accounted for Yes/No
 (Attach list should additional space be required)

PART VI Confined Space Entry Authorization

Personnel Briefed On Hazards Of Entry Yes/No By _____
 Manager In Charge of Work _____ Date _____
 CS Entry Supervisor _____ Date _____
 Attendant _____ Date _____

Part VII Periodic Atmospheric Test Results (Document every 2 hours)

Elements of Test	PEL	Test Results	Time
% Oxygen	- 19.5 23.5 %	/ /	/ /
% LEL	≥ 10 %	/ /	/ /
Carbon Monoxide	35 PPM	/ /	/ /
Hydrogen Sulfide	10 PPM	/ /	/ /
Sulfur Dioxide	5 PPM	/ /	/ /
Ammonia	25 PPM	/ /	/ /