**PRCS ENTRY PERMIT**

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| **INSTRUCTIONS** | | |
| This is a self-issued (and cancelled) permit. (1) Complete the *Confined Space Identification and Hazard Evaluation Form* ([Appendix F](#_APPENDIX_F)) to determine the type of confined space and potential hazards; (2) Complete this permit prior to all PRCS entry; (3) Identify the host and establish a controlling employer (if applicable); (4) Post this permit near the entry to the PRCS until work in the space is complete, the permit is cancelled, and the space is closed off. Use this form for PRCS entries and alternate entry certifications ([Section 3.13.3](#_3.8.1_Alternate_Entry_and_No_Hazard)). **All sections of this PRCS permit must be completed prior to entry.** Enter N/A (not applicable) for items that do not apply. | | |
| **1. GENERAL INFORMATION** | | |
| **Permit Begins: Date:\_\_\_\_\_\_\_\_Time:\_\_\_\_\_\_\_\_AM/PM Permit Expires: Date:\_\_\_\_\_\_\_\_Time:\_\_\_\_\_\_\_\_AM/PM** | | |
| **Job Site:** | | |
| **Location, Description, and Volume (if available) of the PRCS:** | | |
| **Purpose of Entry and Description of Work:** | | |
| **2. NAMES OF AUTHORIZED INDIVIDUALS (including contractors and other Agencies)** | | |
| **Host Employer: Contact:** | | |
| **Controlling Employer: Authorized Entry Supervisor:** | | |
| **Signature or Initials of Entry Supervisor Who Originally Authorized Entry:** | | |
| **Job Entry Supervisor (s) (if other than the entry supervisor)** | **Type of Crew** | **Contact Information** |
|  |  |  |
|  |  |  |
|  |  |  |
| **AUTHORIZED ENTRANTS\*** | **AUTHORIZED ATTENDANTS\*** | |
| (1) | (1) | |
| (2) | (2) | |
| (3) | (3) | |
| (4) | (4) | |
| (5) | (5) | |
| (6) | (6) | |
| \* As an alternative, attach a sign-in sheet with the list of authorized entrants and attendants. | | |
| **Have the Authorized Entry Supervisor, Entrants, and Attendants Completed All the Required Training? YES NO** | | |
| **3. METHOD OF COMMUNICATION** | | |
| **Describe:** | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4. PRCS HAZARD EVALUATION CHECKLIST**  ***(actual/potential hazards of the space including hazards "introduced" by entrants or operations )*** | | | | | | | | | | | | | | | | | | | | | | |
| **HAZARDS**  **YES NO IF YES, HOW IS HAZARD CONTROLLED:**  Oxygen deficiency (< 19.5%) \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Oxygen enrichment (> 23.5%) \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Flammable/combustible atmosphere \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Toxic atmosphere:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other atmosphere:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Previous contents \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Engulfment \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Electrical energy source \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mechanical energy source \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hydraulic energy source \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pneumatic energy source \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chemical energy source \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Thermal energy source \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other energy:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Space configuration \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Slips/trips/falls \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Temperature extremes \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Noise/vibration \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nearby machinery \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Rodents/snakes/insects/biological \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Microorganisms \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ionizing radiation \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Non-ionizing radiation \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  External space hazard(s) \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nature of work (e.g., hot work) \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
| **5. PRCS ISOLATION REQUIREMENTS** | | | | | | | | | | | | | | | | | | | | | | |
| **Description** | | **Isolation Requirements(s)** | | | | | | | | | | | | | | | | | | | **Completed By** | |
| **Electrical** | | Lockout  Tagout  Disconnect  Ground  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N/A | | | | | | | | | | | | | | | | | | |  | |
| **Mechanical** | | Disconnect linkage  Block linkage  Block movement  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  N/A | | | | | | | | | | | | | | | | | | |  | |
| **Hydraulic** | | Lockout valves  Disconnect  Lockout pump  Bleed lines  Bleed system  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  N/A | | | | | | | | | | | | | | | | | | |  | |
| **Pneumatic** | | Lockout valves  Disconnect  Lockout compressor  Bleed lines  Bleed system  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  N/A | | | | | | | | | | | | | | | | | | |  | |
| **Piping** | | Blank  Double block & bleed  Lockout valves  Disconnect  Bleed lines  Purge lines  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_  N/A | | | | | | | | | | | | | | | | | | |  | |
| **Fire Protection**  **System** | | Lockout control panel  Disconnect agent lines  Blank agent lines  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  N/A | | | | | | | | | | | | | | | | | | |  | |
| **Ventilation**  **System** | | Lockout blowers  Lock dampers closed  Disconnect ducts  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  N/A | | | | | | | | | | | | | | | | | | |  | |
| **Other:** | |  | | | | | | | | | | | | | | | | | | |  | |
| **6. CLEANING** | | | | | | | | | | | | | | | | | | | | | | |
| Inert gas purge  Water purge  Steam  Neutralization  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N/A | | | | | | | | | | | | | | | | | | | | | **Completed By** | |
| **7. VENTILATION REQUIREMENTS** | | | | | | | | | | | | | | | | | | | | | | |
| Pre-entry purge/flush  Continuous general supply ventilation  Continuous general exhaust ventilation  Continuous local exhaust ventilation (LEV)  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  N/A | | | | | | | | | | | | | | | | | | | | | **Completed By** | |
| **Ventilation**  **Equipment** | | | **No. of**  **Fans** | | **CFM** | | | **Ducts** | | | | | | | | | **Elbows, Connectors, Saddle Vents,**  **Other Equipment (specify)** | | | | | |
| **Number** | | **Length**  **(feet)** | | | | **Diameter**  **(inches)** | | |
| General Supply | | |  | |  | | |  | |  | | | |  | | |  | | | | | |
| General Exhaust | | |  | |  | | |  | |  | | | |  | | |  | | | | | |
| Local Exhaust | | |  | |  | | |  | |  | | | |  | | |  | | | | | |
| **Describe Configuration:** | | | | | | | | | | | | | | | | | | | | | | |
| **8. ACCEPTABLE ATMOSPHERIC ENTRY CONDITIONS** | | | | | | | | | | | | | | | | | | | | | | |
| Oxygen:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ % | | | | | | Flammable/combustible:\_\_\_\_\_\_\_\_\_\_\_ % LFL | | | | | | | | | | Carbon monoxide:\_\_\_\_\_\_\_\_\_\_\_\_\_ ppm | | | | | | |
| Hydrogen sulfide:\_\_\_\_\_\_\_\_\_\_ ppm | | | | | | Nitrogen dioxide:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ppm | | | | | | | | | | Nitric oxide:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ppm | | | | | | |
| Sulfur dioxide:\_\_\_\_\_\_\_\_\_\_\_\_ ppm | | | | | | Phosphine:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ppm | | | | | | | | | | Chlorine:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ppm | | | | | | |
| Chlorine dioxide:\_\_\_\_\_\_\_\_\_\_ ppm | | | | | | Ammonia:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ppm | | | | | | | | | | Total VOCs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ppm | | | | | | |
| Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **9. ATMOSPHERIC MONITORING** | | | | | | | | | | | | | | | | | | | | | | |
| **Manufacturer, Model, and Serial Number of Direct-Reading Equipment:** | | | | | | | | | | | | | | | | | | | | | | |
| **Calibrated:**  **YES**  **NO**  **Calibration Date:­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | **Periodic Monitoring: YES**  **NO**  **Recording Frequency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | **Continuous Monitoring: YES**  **NO**  **Recording Frequency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
|  | **TEST 1** | | | **TEST 2** | | | **TEST 3** | | | | **TEST 4** | | | | **TEST 5** | **TEST 6** | | | | **TEST 7** | | **TEST 8** |
| Date:  Time:  Oxygen:  LFL:  CO:  H2S  Other: \_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Monitored by: (*initials*) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm  \_\_\_\_\_\_\_ %  \_\_\_\_\_\_\_ %  \_\_\_\_\_ ppm  \_\_\_\_\_ ppm  \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm  \_\_\_\_\_\_\_ %  \_\_\_\_\_\_\_ %  \_\_\_\_\_ ppm  \_\_\_\_\_ ppm  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm  \_\_\_\_\_\_\_ %  \_\_\_\_\_\_\_ %  \_\_\_\_\_ ppm  \_\_\_\_\_ ppm  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm  \_\_\_\_\_\_\_ %  \_\_\_\_\_\_\_ %  \_\_\_\_\_ ppm  \_\_\_\_\_ ppm  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm  \_\_\_\_\_\_\_ %  \_\_\_\_\_\_\_ %  \_\_\_\_\_ ppm  \_\_\_\_\_ ppm  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm  \_\_\_\_\_\_\_ %  \_\_\_\_\_\_\_ %  \_\_\_\_\_ ppm  \_\_\_\_\_ ppm  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm  \_\_\_\_\_\_\_ %  \_\_\_\_\_\_\_ %  \_\_\_\_\_ ppm  \_\_\_\_\_ ppm  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm  \_\_\_\_\_\_\_ %  \_\_\_\_\_\_\_ %  \_\_\_\_\_ ppm  \_\_\_\_\_ ppm  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Note: An acceptable equipment function check must be completed before each shift.* | | | | | | | | | | | | | | | | | | | | | | |
| **10. EQUIPMENT REQUIRED FOR ENTRY** | | | | | | | | | | | | | | | | | | | | | | |
| Fans/blowers/ventilators YES NO  Fire extinguisher(s) YES NO  Non-spark tools/equipment YES NO  Warning sign YES NO  Lighting YES NO  Lockout devices YES NO  Ladder YES NO  Hard hats YES NO  Safety glasses YES NO  Chemical splash goggles YES NO  Face shield YES NO  Ear protection (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO  Gloves (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO  Safety boots (steel toes) YES NO  Safety boots (chem-resistant/steel toe) YES NO | | | | | | | | | | | | Disposable booties YES NO  Respirators (see Section 11) YES NO  Coveralls YES NO  Level D ensemble YES NO  Level C ensemble YES NO  Level B ensemble YES NO  Level A ensemble YES NO  Safety harness(es) and lifelines YES NO  Direct-reading multi-gas monitor YES NO  Rescue equipment (see Section 12) YES NO  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO | | | | | | | | | | |
| **11. RESPIRATORS REQUIRED FOR ENTRY (if yes, specify)** | | | | | | | | | | | | | | | | | | | | | | |
| **1. Air-Purifying: Half-Mask**  **Full-Face**  **PAPR**    **Type of Cartridge/Canister: Multi-gas/vapor**  **Organic vapors**  **Acid gases**  **Organic vapors/acid gases**  **Formaldehyde/acid gases**  **Mercury vapor/chlorine**  **Chlorine**  **Ammonia/methylamine**  **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Type of Filter: P100**  **P95**  **N95**  **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **2. Atmosphere-Supplying: Self-contained breathing apparatus (SCBA)**  **Supplied-air respirator (SAR)**  **SAR with auxiliary SCBA**  **3. Escape Respirator: Air-purifying**  **Self-contained self rescuer (SCSR) or rebreather**  **Other:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
| **12. EMERGENCY/RESCUE PROCEDURES AND EQUIPMENT** | | | | | | | | | | | | | | | | | | | | | | |
| **Equipment Required for**  **Emergency/Rescue** | | | | | | | | | **Emergency Procedures/Rescue Services** | | | | | | | | | | | | | |
| SCBAs YES NO  Harness/lifeline YES NO Wristlets YES NO  Tripod and winch system YES NO  Hoist YES NO  Davit arm retrieval system YES NO  Resuscitator YES NO  First aid kit YES NO  Stretcher/backboard YES NO  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO | | | | | | | | | *Telephone/Contact Information*  **Emergency Medical Services:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Hospital:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Police:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fire:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Rescue Service:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Rescue Procedures: Non-entry rescue  Entry rescue  Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Onsite rescue team trained (first-aid, CPR, rescue drills)? YES  NO  N/A  Offsite rescue service practiced rescue operations? YES  NO  N/A  Availability of rescue service(s) verified prior to entry? YES  NO  SDSs readily available for hazardous substances at work site? YES  NO  **Emergency Procedures for Attendant Monitoring Multiple PRCSs:**\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| **13. HOT WORK PERMIT** | | | | | | | | | | | | | | | | | | | | | | |
| **Is a Hot Work Permit Required? YES NO If yes, attach the hot work permit to the PRCS permit.** | | | | | | | | | | | | | | | | | | | | | | |
| **14. SIGNATURE OF ENTRANTS AND ATTENDANTS** | | | | | | | | | | | | | | | | | | | | | | |
| The entry operations, safety procedures, and hazards have been explained to me. I understand my duties as an entrant or attendant and I have read this entry permit. (*Sign and date.*) | | | | | | | | | | | | | | | | | | | | | | |
| **ENTRANTS** | | | | | | | | | | | | **ATTENDANTS** | | | | | | | | | | |
| (1) Date: | | | | | | | | | | | | (1) Date: | | | | | | | | | | |
| (2) Date: | | | | | | | | | | | | (2) Date: | | | | | | | | | | |
| (3) Date: | | | | | | | | | | | | (3) Date: | | | | | | | | | | |
| (4) Date: | | | | | | | | | | | | (4) Date: | | | | | | | | | | |
| (5) Date: | | | | | | | | | | | | (5) Date: | | | | | | | | | | |
| (6) Date: | | | | | | | | | | | | (6) Date: | | | | | | | | | | |
| **15. SIGNATURE OF ENTRY SUPERVISOR** | | | | | | | | | | | | | | | | | | | | | | |
| The means, procedures, and practices necessary for safe PRCS operations are complete. I understand my duties as entry supervisor and I authorize this entry. | | | | | | | | | | | | | | | | | | | | | | |
| **Signature:** | | | | | | | | | | | | | **Date:** | | | | | | **Time: AM/PM** | | | |
| **16. CANCELLATION OF PERMIT** | | | | | | | | | | | | | | | | | | | | | | |
| **Date Canceled:** | | | | | | | **Time Canceled:** **AM/PM** | | | | | | | | | **Canceled By:** | | | | | | |
| **Reason for Cancellation (work completed, hazard change, evacuation, etc.):** | | | | | | | | | | | | | | | | | | | | | | |
| **PRCS Closed Off: Yes**  **No**  **If Yes, Describe:** | | | | | | | | | | | | | | | | | | | | | | |
| **17. POST ENTRY EVALUATION OF PRCS OPERATIONS** | | | | | | | | | | | | | | | | | | | | | | |
| **Evaluated By:** | | | | | | | | | | | | | | | | | | **Date:** | | | | |
| ***PRCS Procedures (HASP) Require Revision: Yes***  ***No***  ***If Yes, Describe:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Note: Retain this form in site files for the confined space safety program evaluation.*** | | | | | | | | | | | | | | | | | | | | | | |