

CONFINED SPACE ENTRY PERMIT FOR HEAT STRESS

RESCUE AND EMERGENCY SERVICES: CALL 911
IF EXTREME HEAT CONDITIONS EXIST, CONTACT EHSO FOR HEAT STRESS MONITORING @
(404)727-5922
(RETAIN COMPLETED PERMIT FOR 1 YEAR)

GENERAL INFORMATION			
DEPARTMENT CONDUCTING ENTRY		LOCATION/IDENTITY OF SPACE TO BE ENTERED	
PURPOSE OF ENTRY <input type="checkbox"/> Inspection <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Hot work <input type="checkbox"/> Other _____			
AUTHORIZED DURATION OF ENTRY (<i>Permit approval period not to exceed an 8-hour shift</i>) Date Issued: _____ Time Issued: _____ <input type="checkbox"/> am <input type="checkbox"/> pm Date Expires: _____ Time Expires: _____ <input type="checkbox"/> am <input type="checkbox"/> pm			
ENTRY SUPERVISOR (<i>Print name here and sign at bottom of permit</i>) _____			
ATTENDANTS (<i>Print names</i>) _____			
EQUIPMENT REQUIRED FOR ENTRY (<i>Check all that apply</i>)			
<input type="checkbox"/> Direct Reading Gas Monitor (calibrated) <input type="checkbox"/> Rescue Harness and Tripod <input type="checkbox"/> Heat Stress Monitor <input type="checkbox"/> PPE (gloves, hard hat, safety glasses, cooling vest, etc.) <input type="checkbox"/> Radio (intrinsically safe) <input type="checkbox"/> Non-sparking Tools <input type="checkbox"/> Lighting <input type="checkbox"/> Other: _____			
WORKING CONDITIONS			
YES	NO	N/A	PLACE CHECK IN APPROPRIATE BOX
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will welding/cutting or other operations produce hazardous conditions? (<i>If yes, attach hot work permit</i>)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has ventilation been provided?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have electrical sources been isolated?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have pumps or lines been blinded, disconnected, or blocked?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have instructions been given to personnel entering the space?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lockout/Tagout procedures have been followed?
If non-Emory employees are entering the space, the Controlling Contractor has informed the entry contractor of the hazards and has verified the Confined Space Entry Program that the entry contractor will use.			
CONTROLLING CONTRACTOR SIGNATURE: _____			

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ATMOSPHERIC TEST READINGS & HEAT MEASUREMENTS										
Gas Monitor Model			Serial Number			Date of Last Calibration			Date of Bump Test	
Heat Stress Monitor Model			Serial Number			Date of Last Calibration				
NAME OF PERSON CONDUCTING MONITORING:										
	PRE-ENTRY TEST		TEST # _____		TEST # _____		TEST # _____		TEST# _____	
	ENTRANT # 1		ENTRANT # _____		ENTRANT # _____		ENTRANT # _____		ENTRANT # _____	
	Meter Reading	Time	Meter Reading	Time	Meter Reading	Time	Meter Reading	Time	Meter Reading	Time
Oxygen (19.5 – 23.5%)										
Flammable (<10% LEL)										
Carbon Monoxide (<35 ppm)										
Hydrogen Sulfide (<5 ppm)										
WBGT (°F)										
ENTRANT REST PERIODS										
ENTRANT NAME <i>(Print names)</i>			TIME IN			TIME OUT			REQUIRED BREAK TIME	
1.										
2.										
3.										
4.										
HEAT STRESS SCREENING CRITERIA (WBGT)										
Allocation of Work in a Cycle of Work and Recovery	Light		Moderate		Heavy		Very Heavy			
Continuous	86.0		80.0		---		---			
75% Work, 25% Rest each hour	87.8		84.2		81.5		---			
50% Work, 50% Rest each hour	89.6		86.0		84.2		82.4			
25% Work, 75% Rest each hour	90.5		88.8		86.9		86.0			
ENTRY SUPERVISOR SIGNATURE <i>(All conditions for safe entry have been met)</i>						DATE				