



CONFINED SPACE PERMIT FOR HEAT STRESS

RESCUE PLAN MUST BE IN PLACE PRIOR TO ENTRY
DIAL 911 AND CONTACT EMERGENCY RESCUE TEAM IN CASE OF EMERGENCY
IF EXTREME HEAT CONDITIONS EXIST AND THE SPACE HAS NOT BEEN MONITORED, CONTACT EHSO @
(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_____			
RESCUE PLAN Non-entry rescue			
AUTHORIZED DURATION OF ENTRY <i>(Permit approval period not to exceed time required to complete assigned task/job)</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?
Other hazards and methods of control			
If Emory employees will be entering the space with contractor employees, all parties involved have met and entry operations are being coordinated with all personnel working in or near the permit space, hazards have been communicated, and the Confined Space Entry Program that the outside contractor will use has been verified.			

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EMORY REPRESENTATIVE SIGNATURE: _____ Date: _____

OUTSIDE CONTRACTOR SIGNATURE: _____ Date: _____

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.			
5.			

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
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CONFINED SPACE PERMIT FOR HEAT STRESS

	TEST # _____		TEST # _____		TEST # _____		TEST # _____		TEST# _____	
	ENTRANT # _____		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	
6.										
7.										
8.										
9.										
10.										
HEAT STRESS SCREENING CRITERIA (WBGT)										
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	ENTRANT # _____		ENTRANT # _____		ENTRANT # _____		ENTRANT # _____		ENTRANT # _____	
	Meter Reading	Time	Meter Reading	Time	Meter Reading	Time	Meter Reading	Time	Meter Reading	Time
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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
11.			
12.			
13.			
14.			
15.			

HEAT STRESS SCREENING CRITERIA (WBGT)

Allocation of Work in a Cycle of Work and Recovery	Light	Moderate	Heavy	Very Heavy
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