

Sanitary and Stormwater Pump Lift Station -- Permit Required Confined Space Entry Permit

1. Sntry/Storm Swr Lift Station ENTRY PROCEDURE & PERMIT **All Shaded areas must be completed by Entry Supervisor or Entrant**		7. Communication method used by attendants and entrants (Check all that apply)	
2. Work to be Performed:		<input type="checkbox"/>	Radio
		<input type="checkbox"/>	Voice
3. Date Issued: / / Time Issued: : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		<input type="checkbox"/>	Other:
		8. Confined Space Rescue	
4. Permit Space Hazards (X = Potential Hazard or Testing Rqmt.)		10. Authorized Entrants (List by name or attach roster)	
<input checked="" type="checkbox"/>	Flammable Gases or Vapors - hazardous when greater than 10% of LFL / LEL.		
<input checked="" type="checkbox"/>	Hydrogen Sulfide - hazardous when greater than 10 PPM		
<input checked="" type="checkbox"/>	Carbon Monoxide - hazardous when greater than 50 PPM (always look for when welding or near a fuel combustion source (cars, utility carts ,etc)		
	Other Toxics:_____		
	Mechanical Hazards (Pneumatic, Hydraulic, Electrical, Chemical, Steam, Falling Objects, Etc.)		
<input checked="" type="checkbox"/>	Engulfment Potential		
	Physical Hazards - (bees, insects, spiders, heat during summer).		
<input checked="" type="checkbox"/>	Confined Space Configuration, Layout or Arrangement		
5. Additional Permits or Forms (Please attach if required) Hot Work Permit: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A LOTO / Hazardous Energy Control Procedure: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A Other:		11. Authorized Attendants (List by name)	
6. Equipment Required for Entry & Work (Check box when complete)		9. Preparation for Entry (Check boxes when complete)	
<input type="checkbox"/>	PPE	<input type="checkbox"/>	Notify affected departments of service interruption and complete the Confined Space Entry Permit and other related permits or forms. Sewage / Storm flow to the lift station needs to be limited as much as possible through departmental notification. Service on an outdoor lift station should be completed on a day with no precipitation or chance of precipitation that may enter the sump. If necessary, use a pump within the lift station well to remove excess water.
<input type="checkbox"/>	Atmospheric Testing	<input type="checkbox"/>	Inspect all required equipment, tools and PPE prior to entry. Barricade the area to prevent unauthorized entry or access. Setup necessary equipment for entry operations
<input type="checkbox"/>	Respiratory Protection	<input type="checkbox"/>	Ensure that all Hazardous Energy to the lift station pump system is isolated per the specific Hazardous Energy Control Procedure.
<input type="checkbox"/>	Ventilation Equipment	<input type="checkbox"/>	Sign in Authorized Entrants in Step 9 and Sign in Attendants in Step 10.
<input type="checkbox"/>	Rescue Equipment	<input type="checkbox"/>	Open all access covers, if possible, to help improve the fresh air ventilation of the system. Take a preliminary atmospheric reading with approved 4 gas meter and record reading on Step 12. Atmosphere should be continuously tested during entry. Periodically record sample readings in Step 12. Ventilate as necessary. Test atmosphere from the bottom to the top of the lift station well so that all levels are checked.
		Upon eliminating or controlling all hazards and the Entry Supervisor signing Step 13, proceed to make entry.	

	Time:	Time:	Time:	Time:	Time:	Time:
12. Atmosphere Testing Record Acceptable Conditions	Entry #1 Results	Entry #2 Results	Entry #3 Results	Entry #4 Results	Entry #5 Results	Entry #6 Results
CH4 - Less than 10% of LEL / LFL						
OXY - Oxygen Range - Minimum allowable = 19.6% to Maximum allowable = 23.4%						
H2S - Hydrogen Sulfide - < than 10 PPM						
CO - Carbon Monoxide - < than 35 PPM						
Other Toxic:						
Tester Initials						

13. Authorization by Entry Supervisors
I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in this sanitary sewer lift station confined space.

Printed Name	Signature	Date	Time	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
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14. Permit Cancellation (Complete at the end of job not to exceed 24 hours)

	Date	Time	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
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This permit must be posted at the job site -- One Copy to Dept File and One Copy to EH&S Office (Fax 7-5302 or EHS Building)