CONFINED SPACE ENTRY PERMIT

RESCUE PLAN MUST BE IN PLACE PRIOR TO ENTRY
DIAL 911 AND CONTACT EMERGENCY RESCUE TEAM IN CASE OF EMERGENCY
DO NOT USE THIS PERMIT IF EXTREME HEAT CONDITIONS EXIST
CONTACT EHSO FOR HEAT STRESS MONITORING @ (404)727-5922
(RETAIN COMPLETED PERMIT FOR 1 YEAR)

Instructions:
- This form must be completed by the Confined Space Entry Supervisor and must remain at the entry site for the duration of the entry.
- Document the atmospheric testing within the space prior to entry and every thirty (30) minutes to ensure continuous forced air ventilation is preventing the accumulation of a hazardous atmosphere.
- If a hazardous atmosphere is detected during entry, immediately exit the space and contact EHSO.
- Forward completed forms to your supervisor to be retained for one (1) year.

GENERAL INFORMATION

DEPARTMENT CONDUCTING ENTRY

LOCATION/IDENTITY OF SPACE TO BE ENTERED

PURPOSE OF ENTRY
- [ ] Inspection
- [ ] Maintenance
- [ ] Repair
- [ ] Hot work
- [ ] Other __________________________

AUTHORIZED DURATION OF ENTRY (Permit approval not to exceed time required to complete assigned task)

Date Issued: ________ Time Issued: ________ am pm
Date Expires: ________ Time Expires: ________ am pm

ENTRY SUPERVISOR (Print name here and sign at bottom of permit)

ATTENDANTS (Print names)

EQUIPMENT REQUIRED FOR ENTRY (Check all that apply)

- [ ] Direct Reading Gas Monitor (calibrated)
- [ ] Rescue Harness and Tripod
- [ ] Heat Stress Monitor
- [ ] PPE (gloves, hard hat, safety glasses, cooling vest, etc.)
- [ ] Radio (intrinsically safe)
- [ ] Non-sparking Tools
- [ ] Lighting
- [ ] Other: ______________________________________

WORKING CONDITIONS

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>PLACE CHECK IN APPROPRIATE BOX</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
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<td>☐</td>
<td>Will welding/cutting or other operations produce hazardous conditions? (If yes, attach hot work permit)</td>
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<td>☐</td>
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<td>☐</td>
<td>Has ventilation been provided?</td>
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</table>
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- Have electrical sources been isolated?
- Have pumps or lines been blinded, disconnected, or blocked?
- Have instructions been given to personnel entering the space?
- Lockout/Tagout procedures have been followed?

If non-Emory employees are also entering the space, the party in charge (controlling contractor) has discussed the hazards, coordinated entry with all entry teams, and verified the confined space entry requirements have been met.

CONTROLLING CONTRACTOR SIGNATURE:
_______________________________________________________________

ATMOSPHERIC TEST READINGS

<table>
<thead>
<tr>
<th>Gas Monitor Model</th>
<th>Serial Number</th>
<th>Date of Last Calibration</th>
<th>Date of Bump Test</th>
</tr>
</thead>
</table>

NAME OF PERSON CONDUCTING MONITORING:

<table>
<thead>
<tr>
<th></th>
<th>PRE-ENTRY TEST</th>
<th>TEST # _____</th>
<th>TEST # _____</th>
<th>TEST # _____</th>
<th>TEST# _____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meter Reading</td>
<td>Time</td>
<td>Meter Reading</td>
<td>Time</td>
<td>Meter Reading</td>
<td>Time</td>
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<tr>
<td>Oxygen (19.5 – 23.5%)</td>
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<tr>
<td>Flammable (&lt;10% LEL)</td>
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<tr>
<td>Carbon Monoxide (&lt;35 ppm)</td>
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<tr>
<td>Hydrogen Sulfide (&lt;5 ppm)</td>
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</tbody>
</table>

ENTRY SUPERVISOR SIGNATURE (All conditions for safe entry have been met) DATE