



S&W READY MIX CONCRETE COMPANY	Appendix A
CORPORATE SAFETY PROGRAM	CSE
CONFINED SPACE ENTRY PERMIT	Revised 6/11/2009

THIS PERMIT MUST BE POSTED AT POINT OF ENTRY – GOOD ONLY FOR INDICATED DATE

Permit Number:	Date of Entry:	Entry Supervisor: (Print Name)						
Location & Description of Space to be entered:		Purpose of Entry:						
<p><u>PREPARATION FOR ENTRY</u></p> <input type="checkbox"/> Pre-entry, non-routine task STA <input type="checkbox"/> Notification of affected personnel of service interruption <input type="checkbox"/> Communication methods (radio, visual hand, verbal) <input type="checkbox"/> Lighting methods <input type="checkbox"/> Appropriate ventilation <input type="checkbox"/> Atmospheric Testing <input type="checkbox"/> LOTO performed <input type="checkbox"/> Barriers <input type="checkbox"/> Other _____ _____		<p><u>TYPES OF HAZARDS</u></p> <input type="checkbox"/> Atmospheric (oxygen, carbon monoxide, hydrogen sulfide, flammable) <input type="checkbox"/> Engulfment <input type="checkbox"/> Moving equipment / mechanical hazards <input type="checkbox"/> Energized electrical equipment <input type="checkbox"/> Entrapment <input type="checkbox"/> Welding / Cutting <input type="checkbox"/> Hazardous chemical		<p><u>TYPE OF ENTRY</u></p> <input type="checkbox"/> Permit-Required Confined Space (Follow appropriate CSE procedure) <input type="checkbox"/> Reclassify Space from Permit to Non-permit ___ No atmospheric hazard present ___ All other hazards eliminated before entry List: _____ _____ _____				
		<u>ENTRY / EXIT TIMES</u>						
		_____ Time of Initial Entry		_____ Time of Alt. Exit				
		(am / pm)		(am / pm)				
		_____ Time of Alt. Exit		_____ Time of Final Exit				
		(am / pm)		(am / pm)				
Test For:	Permissible Entry Levels	Time:	Initial Test	Test #1	Test #2	Test #3	Test #4	Test #5
Oxygen (O ₂)	19.5% _{min} – 23% _{max}							
Flammability (LEL)	Less than 10%							
Hydrogen Sulfide (H ₂ S)	Less than 10 ppm							
Carbon Monoxide (CO)	Less than 25 ppm							
Other								
Sampling Equipment:			Monitoring Performed by:					

RESCUE PROCEDURES: NEVER ENTER THE SPACE TO RESCUE A DOWNED ENTRANT

In Case Of Emergency Call 911 And/Or The Following Numbers:

Fire Department: _____ Rescue/EMT: _____ Safety Department: (910) 214-9721

AUTHORIZED ENTRANTS - List each by name		AUTHORIZED ATTENDANTS - List each by name	
1		1	
2		2	
3		3	
4		4	

<p>ENTRY AUTHORIZATION</p> <p><i>I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in this confined space.</i></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(ENTRY SUPERVISOR SIGNATURE)</p>	<p>ENTRY TERMINATION</p> <p><i>Entry has been completed and all entrants have exited permit space.</i></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(ENTRY SUPERVISOR SIGNATURE)</p>
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