

Brady Plant

This permit must be kept

Confined Space Entry Permit near the confined space until the job is complete. Confined Space: Waste Water Facility EQ Storage Tank - Brady CS Example North End Tank 1 Example Brady Hazards: Hazardous energy; Crushing, engulfment or entrapment; Slip/Trip/Fall Purpose of Entry: Scheduled Start: Permit Expires: Permit Granted: Entry Supervisor: Emergency Phone Number: Call 911 - KNOW YOUR LOCATION for Tank-0001B ENTRY. Do not enter space to attempt rescue. Follow Company X rescue plan XXX. **Rescue Equipment Checklist** Ladder **PPE Checklist** Eye/Face Protection Hard Hat Boots Gloves Other: Calibrated 4-Gas Meter (REQUIRED FOR **Protective Clothing** ALL ENTRIES) Pre-Entry Checks All personnel have been trained for confined space entry. No Yes Specific space entry procedure prepared and reviewed. Yes No All personnel have been informed of potential hazards. No Yes Entry procedures have been reviewed. Yes No Emergency procedures have been reviewed. Yes No Affected employees, host employer and/or contractor notified. Yes No Attendant stationed at entrance and properly instructed and trained. Yes No Entry area is free of debris and objects. Yes No All energy sources have been isolated/locked out. Yes No Needed warning barriers and signs are in place. Yes No The confined space has been drained and flushed/purged. Yes No Hand tools, power tools, lighting, and fans are intrinsically safe for the work area. Yes No Ground fault circuit interrupters (GFCI) provided. No Yes Verify communication device(s). Yes No

Pre-Entry Checks

Oxygen: 19.5% to 23.5%

%

Comments:

Entry Authorization

| I, the undersigned, certify that all actions and/or conditions for safe entry have been performed. | | | | |
|--|-----------|-----|--|--|
| NAME/DATE (Please print) | SIGNATURE | · | | |
| | | 601 | | |
| | | | | |

Entrants

| Entr | ants | | | | | | |
|------|------|---------------|---------------|---------------|---------------|--|--|
| | Name | Time In / Out | | |
| | | 1 | / | 1 | 1 | | |
| | | 1 | 1 | V | / | | |

Attendants

| Attendants | | | | | | | |
|------------|------|----|------------|-----------|--|--|--|
| | Name | 15 | Start Time | Stop Time | | | |
| | ie | 0 | | | | | |

Atmospheric Monitoring

Record the measurements approximately every 10 minutes

| Test | Time: |
|------|-------|-------|-------|-------|-------|-------|-------|-------|
| | | | | | | | | |

Entry Complete

| I, the undersigned, certify that entry has been completed and all entrants have left the space. | | | |
|---|-----------|--|--|
| NAME/DATE (Please print) | SIGNATURE | | |

Return to:

Scan and attach the completed form when closing this permit in LINK360.