

**PCC CONFINED SPACE ENTRY PERMIT/ALTERNATE ENTRY FORM & CONTRACTOR NOTIFICATION**

ALTERNATE ENTRY COMPLETE SECTIONS: 1,2,3,4,5,6,9,10,11,12,  
13,14,15,16A (For Permit Space complete all sections)  
CONTRACTOR PRE/POST DEBRIEF COMPLETE:1,2,3,10,11,12,16,17

|                                    |
|------------------------------------|
| <b>1. Location / Map # / Space</b> |
|                                    |

|           |                                      |  |                      |
|-----------|--------------------------------------|--|----------------------|
| <b>2.</b> | <input type="checkbox"/> Permit      | <input type="checkbox"/> <b>Alternate Procedure Space*</b> |                      |
| <b>3.</b> | <b>Description of Space/Hazards:</b> | <b>4. Date Issued:</b>                                     | <b>Time Issued:</b>  |
|           |                                      | <b>5. Date Expires:</b>                                    | <b>Time Expires:</b> |
| <b>6.</b> | <b>Purpose of Entry:</b>             |  |                      |

|   |  |
|---|--|
| <b>7. NAME(S) OF EMPLOYEE(S) ENTERING THE WORK SPACE:</b> |  |
|   |  |
|   |  |

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| <b>8. NAME(S) OF SAFETY ATTENDANT(S) – NOTE: Alternate Procedure does NOT require Rescue Device but PCC still requires an attendant for PCC staff entry.</b> |
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|  |          |
|--|----------|
| <b>9. AUTHORIZING ENTRY SUPERVISOR</b> |          |
| Print Name:                            | Phone #: |
| Signature:                             |          |

| <b>10. HAZARDS</b>   | <b>11. CONTROLS<sup>1</sup></b>                         | Req'd | DONE? | <b>12. EQUIPMENT</b>  | Req'd |
|----------------------|---|-------|-------|-----------------------|-------|
| Pre-opening Hazards  | HATCH OPENING – GUARD WITH PERSONNEL OR PROPER BARRIERS |       |       | Hard Hat              |       |
| Oxygen Deficiency    | MECHANICAL VENTILATION                                  |       |       | Boots                 |       |
| Flammable Atmosphere | MECHANICAL VENTILATION                                  |       |       | Safety Glasses        |       |
| Toxic Atmosphere     | MECHANICAL VENTILATION                                  |       |       | Hearing Protection    |       |
| Hazardous Energy     | LIST IN SECTION 16A.                                    |       |       | Goggles               |       |
| Engulfment           |   |       |       | Coveralls             |       |
| Entrapping Shape     |   |       |       | Gloves                |       |
| Falls                |   |       |       | Respirator            |       |
| Falling Objects      |   |       |       | Fall Protection       |       |
| Hot environment      |   |       |       | Rescue Device         |       |
| Chemical             | SDSs attached to permit and posted                      |       |       | Fire Extinguisher     |       |
| Welding              |   |       |       | Ladder                |       |
| Electrical Work      |   |       |       | Communication devices |       |
| Special Cleaning     |   |       |       | Lighting              |       |
| Sand Blasting        |   |       |       | Scaffolds             |       |
|                      |   |       |       | Guard rails           |       |

|   |                        |
|---|------------------------|
| <b>13. AIR MONITORING: “BUMP” Test done by:</b> _____ | <b>DATE/TIME</b> _____ |
|---|------------------------|

| <b>14. INSTRUMENT: MSA ALTAIR 4X S/N:</b> |                         |                           | <b>TIME</b> | <b>TIME</b> | <b>TIME</b> | <b>TIME</b> | <b>TIME</b> |
|---|-------------------------|---------------------------|-------------|-------------|-------------|-------------|-------------|
| <b>Contaminant</b>                        | <b>Entry Limits</b>     | <b>Levels of Exposure</b> |             |             |             |             |             |
| % Oxygen                                  | 19.5%-23.5%             |                           |             |             |             |             |             |
| % LEL                                     | <10%                    |                           |             |             |             |             |             |
| Toxic Vapors                              | CO <25ppm,<br>H2S <5ppm |                           |             |             |             |             |             |

Note: Initial test(s) must be conducted prior to entry to verify space conditions. Note air concentrations prior to entry and after. The Entrant shall wear the monitor to ensure that continuous air monitoring is done.

<sup>1</sup> For additional information see accompanying page.

In case of **EMERGENCY MEDICAL NEEDS:**

**Call PCC PUBLIC SAFETY DISPATCH AT 971-722-4902**

**15. LIST ANY CONDITION THAT REQUIRES EVACUATION OF THE SPACE, AS APPLICABLE**

- Air monitor alarm – air quality not acceptable;
- Ventilation blower stops blowing air into the space;
- OTHER – List:

**16. ADDITIONAL DOCUMENTATION OF HAZARD CONTROLS**

**A. Isolation: Lockout/Tagout Procedures Required**

List each source of hazardous energy in the space and procedure for lockout:

**B. Rescue Equipment: Tripod, Winch, and Fall Arrest Harness Pre-Use Inspection**

Name(s) of employee(s) performing the pre-inspection and their signature(s):

- 1)
- 2)

**C. Controls needed for Hazardous Work:**

List all controls used for hazards introduced into the space:

**17. MANDATORY IF WORK DONE BY CONTRACTOR – Pre-Brief and Post Entry Debrief**

CONTRACTOR NAME (*print*): \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF CONTRACTOR: \_\_\_\_\_

- List Potential Hazards (see Section 3 and 10, page 1) – **USE FIRST PAGE OF FORM**
- List all hazard controls used (see Section 11 and 12, page 1) – **USE FIRST PAGE OF FORM**
- Debrief from Contractor: List any hazards encountered during entry:
- Debrief from Contractor: List any hazards created by the operations:
- Debrief from Contractor: Was the permit cancelled for any reason? If so, why?

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**PCC Project Managing Entry Supervisor certifies that permit was completed and closed:**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_