

KENNECOTT UTAH COPPER CONFINED SPACE ENTRY PERMIT (Standard 16.2)

PERMIT WILL REMAIN AT JOB SITE UNTIL JOB IS COMPLETE OR A NEW PERMIT IS ISSUED. EXPIRED PERMIT MUST BE SENT TO THE FACILITY RECORD CENTER (DOCUMENT CONTROL).

This permit is void if conditions change within the confined space. Evacuate the confined space and do not re-enter until conditions are evaluated and a new permit issued.
DATE AND TIME ISSUED _____ EXPIRATION _____

EQUIPMENT ID & LOCATION _____

PURPOSE OF ENTRY _____

SPECIAL REQUIREMENTS

MECHANICAL OR ELECTRICAL EQUIPMENT LOCKED OUT / DE-ENERGIZED	Y	N/A	LIFELINE / EMERGENCY RESCUE EQUIPMENT	Y	N/A
LINES CAPPED, BLANKED OR BROKEN	Y	N/A	HOT WORK PERMIT	Y	N/A
SAFE ACCESS	Y	N/A	LIGHTING	Y	N/A
MEANS OF COMMUNICATION	Y		PURGE / FLUSH, INERT AND VENTILATE	Y	N/A
BARRICADING	Y	N/A	SEPARATE VENTILATION PLAN	Y	N/A

PERSONAL PROTECTIVE EQUIPMENT REQUIREMENTS

GOGGLES / FACE SHIELD	Y	N/A	SUPPLIED AIR	Y	N/A
HALF-FACE RESPIRATOR (Does the cartridge match the chemical contaminant?)	Y	N/A	PROTECTIVE CLOTHING	Y	N/A
FULL-FACE RESPIRATOR (Does the cartridge match the chemical contaminant?)	Y	N/A	OTHER PROTECTIVE EQUIPMENT (LIST BELOW)	Y	N/A

REQUIRED TESTS FOR EVERY ENTRY	ACCEPTABLE ENTRY CONDITIONS (Results of atmospheric testing must be provided in the appropriate column)	DATE	DATE	DATE	DATE	DATE	DATE	DATE
% OF OXYGEN	19.5% - 23.5%							
% OF L.E.L. (L.F.L.)	10% OR LESS							
TESTS TO BE TAKEN AS APPLICABLE	ACCEPTABLE ENTRY CONDITIONS	Y	N/A					
CARBON MONOXIDE	30 PPM or less							
SULFUR DIOXIDE	2 PPM or less (>2 <100 PPM entry acceptable only with approved respiratory protection)							
HYDROGEN SULFIDE	5 PPM or less							
AMMONIA	25 PPM or less							
OTHER (SPECIFY)	REFER TO KUC OEL Standard 10.7							
THERMAL STRESS POTENTIAL	IF YES, SPECIFY ACTION REQUIRED							
INITIALS OF TESTER								

INSTRUMENT USED _____ Serial# _____ Calibration Due: _____ Bump Test Time: _____ Sensor Zeroed Y

CONTINUOUS MONITORING REQUIRED: Y N (If No, why not?) _____

PERIODIC TESTS REQUIRED: Y N . FREQUENCY _____

ADDITIONAL REQUIREMENTS

SIGNATURES REQUIRED:

TESTER: I have completed an evaluation of the atmospheric conditions applying to this permit and verify that acceptable entry conditions exist.

Print Name _____ Signature _____

PERMIT ISSUED BY (ENTRY SUPERVISOR (S) OF CREW (S)): I have completed or properly evaluated all portions of this permit and verify that acceptable entry conditions exist. All personnel have been instructed as to the conditions of the permit and are adequately trained to perform this job.

Print Name(s) _____ Signature(s) _____

EQUIPMENT TO BE TAKEN INTO THE CONFINED SPACE WITH SAFETY SPECIFICATIONS

Equipment	Safety Specifications

ENTRANT AND ATTENDANT TRAINING CHECKLIST

The Entry Supervisor shall instruct each entrant and attendant. Each entrant and attendant shall sign the permit after being instructed by the Entry Supervisor regarding the following:

TRACK completed for this task (Initials):

- ↑ Nature of Hazards involved.
- ↑ Risk Assessment
- ↑ Precautions to be taken. Each person shall be aware of the signs and symptoms of exposure and conditions under which the entrant should leave the confined space.
- ↑ Review completed entry permit.
- ↑ Means of emergency communication
- ↑ Emergency Rescue Plan Reviewed
 - PLANT EMERGENCY PHONE # _____
 - PLANT EMERGENCY RADIO CHANNEL _____
- ↑ Attendant to maintain visual or verbal communication with the entrants where required.
- ↑ In the event of an emergency, attendant will summon assistance, but will not enter the space.
- ↑ Attendant will keep unauthorized people out of the space.
- ↑ Attendant will attend lifeline when it is in use.
- ↑ Attendant shall stay at the entrance at all times unless relieved by another trained attendant.

AUTHORIZED ENTRANT (S) I have reviewed this Confined Space Entry Permit, and I understand the nature of the hazards involved and the precautions to be taken:

Print Name	Company	Initials	Time-In	Time-Out	Time-In	Time-Out

AUTHORIZED ATTENDANT (S): I have reviewed my responsibilities with the Entry Supervisor, and understand the nature of the hazards involved and the precautions to be taken:

Print Name	Company	Initials

Note: If additional space is required for authorized entrants or attendants, an additional roster sheet which includes time in and time out may be attached to the permit and must be returned to the plant Records Center (document control) with the completed permit.

COMPLETION PROCEDURE / SAFETY REVIEW

Project Completion Time / Date: _____

Were any problems encountered? If so please explain. Yes No

Was the work area cleaned, inspected and all tools & equipment removed. Yes No

Is the space / equipment ready to be placed into service? (i.e., closed, barricades and lock & tags removed) Yes No

Comments:

Permit Cancelled By:		Cancellation Date:		Time		AM
						PM
Reason Cancelled:						