

SLAC CONFINED SPACE ENTRY PERMIT

(see instructions - over)

Number:
BABAR 0106

POST PERMIT AT JOB SITE UNTIL JOB IS COMPLETED
IN CASE OF EMERGENCY, CALL 9-911

Location and description of confined space BABAR BLDG 620 DIRC	
Purpose of entry REMOVAL OF VAC CHAMBER	
Division authorizing work PPA	Date of entry 9-12-06
Other permits required (hot work, line breaking, other)	Time of entry 11:00 A.M
	Expiration date and time 1:00 PM 9-12-06
Entry supervisor (print) EVERETT S. PIERSON JR.	Entrants Daniel Peterswright STUART METCALF
Attendants (print) EVERETT S. PIERSON STEWART METCALF	
Known and potential hazards in space * WOMB GAS & He BEHIND BULKHEAD N₂ INTRO DURING REMOVAL	
Describe acceptable entry conditions LOTO PEP MAG. FORCED AIR AIR MONITORING	
Precautions (Check and explain where required)	Operational and protective equipment (Check and explain where required)
<input checked="" type="checkbox"/> Pre-entry briefing on specific hazards and control methods	<input type="checkbox"/> Ladder
<input type="checkbox"/> Notify contractors of permit and hazard conditions	<input type="checkbox"/> Full body harness
<input checked="" type="checkbox"/> Verify adequate confined space training	<input type="checkbox"/> Lifeline
<input type="checkbox"/> Notification to effected depts/persons of service interruption	<input type="checkbox"/> Tripod/hoist
<input checked="" type="checkbox"/> LOTO and verification of zero energy	<input type="checkbox"/> Area security (warning signs, barricades)
<input type="checkbox"/> Lines blocked or broken	<input checked="" type="checkbox"/> Ventilation fan or blower
<input checked="" type="checkbox"/> Air flush (preliminary or continuous)	<input type="checkbox"/> Fire extinguisher
<input checked="" type="checkbox"/> Communication method (radio, rope signals, visual hand signals, <u>verbal</u>)	<input checked="" type="checkbox"/> SCBA
<input checked="" type="checkbox"/> Lighting (hazardous location rated or standard)	<input type="checkbox"/> Coveralls
<input type="checkbox"/> Drain space	<input type="checkbox"/> Face/eye protection
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Footwear
	<input type="checkbox"/> Gloves (impervious, chemical, leather, other)
	<input type="checkbox"/> Air purifying respirator (specify cartridge type)
	<input type="checkbox"/> Head protection
	<input type="checkbox"/> Fall protection equipment
	<input type="checkbox"/> PIC
	<input type="checkbox"/> Radiation dosimeter(s)
	<input type="checkbox"/> Other (specify)
Rescue Procedures and Equipment	
<input type="checkbox"/> Non-entry rescue procedure and equipment in place (Attendant will extract entrant without entering space)	
OR	
<input checked="" type="checkbox"/> Entry rescue service and equipment ready to effect a timely rescue (considering hazards in space)	
<input type="checkbox"/> How will entry rescue service be summoned?	
<input type="checkbox"/> List rescue equipment:	
Notes:	Notes:

* - GAS SYSTEM SWITCHED TO AIR.
BULKHEAD FLOW *[initials]*

12/22/2005

SLAC-I-730-0A21J-002-R002

1 of 2

* - CHAMBER GAS He ONLY *[initials]*

Air monitoring device	Sequence or serial number	Date due for calibration	Pre-use spot check performed by	Notes
INDUSTRIAL SCIENTIFIC M40	0607003	8-23-06	EAP	
	279			

Air monitoring data

Attendant air sampling required (continuously or every _____ minutes)

Time	Sampled by	Air sampling required for: (check and complete where applicable)					Notes
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		O2: 19.5-23.5%	<10% LEL/LFL	<25 ppm CO	<10 ppm H2S	Stratification	Other
12/6	ROAMS PIERSON						

Entrant IN/OUT record	Time IN	Time OUT	Time IN	Time OUT
Name				
Name				
Name				

Work Authorization

MICHAEL KEISEY 12 SEP 06 10:50
 Building/area/facility manager or designee (print) Date Time
 DCH SYSTEM MANAGER

Permit authorization

(must be signed before entry)
 [Signature] 9-12-06 10:30 A.M.
 Competent Entry Supervisor's signature Date Time
 (Signature certifies that precautions and equipment are in place, atmospheric testing shows air acceptable for entry, permit is complete)

Permit cancellation

(must be signed after work is completed)
 [Signature] 9-12-06 12:05 P.M.
 Competent Entry Supervisor's signature Date Time

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Instructions:

A confined space entry permit must be completed for all Permit Required Confined Space (PRCS) entries.

Permit numbering scheme: Building number - space number - mmddyy

Example: 081-03-121305

- 1) Contact a SLAC competent entry supervisor prior to entry to assist in space preparation and permit completion.
- 2) Review the existing confined space profile (available online).
- 3) Complete the entry permit.
- 4) Prepare the space for entry according to the permit.
- 5) The competent entry supervisor must review the permit for accuracy and completeness, determine if acceptable entry conditions are present, authorize entry, and oversee entry operations and termination.
- 6) The building/area/facility manager responsible for the confined space (the confined space "owner" also reviews the permit and authorizes the work with a signature.
- 7) Verify that qualified and trained rescue services are equipped and ready to perform a timely rescue, considering the hazards potentially present in the permit space.