

APPENDIX J
 AMSEL-TY Form 48, Confined Space Permit/ Checklist

CONFINED SPACE PERMIT/CHECKLIST

Use in accordance with TYAD Regulation 385-1; proponent office is SIOTY-RK-S

*NOTIFY FIRE DEPARTMENT PRIOR TO ALL CONFINED SPACE ENTRIES, X57300

EMERGENCY - DIAL 911

INITIAL		RETEST 1		RETEST 2	
Date: 6-7-98	O ₂ 20.9 %	Date:	O ₂ %	Date:	O ₂ %
Time: 0230	LEL 0 %	Time:	LEL %	Time:	LEL %
EXPIRES	Co 0 ppm	EXPIRES	Co ppm	EXPIRES	Co ppm
Date: 6-7-98	H ₂ S 0 ppm	Date:	H ₂ S ppm	Date:	H ₂ S ppm
Time: 1030	Other:	Time:	Other:	Time:	Other:

Test Equipment: (Make/Model) *Tm X410* S/N: *95472583*

This permit indicates the conditions that existed at the time tests were conducted:

NOT SAFE for personnel INERTED: NOT SAFE for personnel INSIDE
 SAFE for personnel, NOT SAFE for hot work Safe for Personnel & hot work OUTSIDE
 SAFE for personnel, SAFE for hot work

Unit/Activity: *Public Works*

Work Area: *Manhole, Squire St, North of Bldg 12*

Type of Operation: *Repair / Replace*

Gas Free Engineer's Signature: *Susan Hinton* Phone: *5-7029* Date: *6-7-98*

Workers Authorized Entry:
Bill Welding
Robert Diggs

Attendant: *James Thatcher*

OBTAIN HOT WORK PERMIT FROM FIRE DEPARTMENT

ENTRANT'S COMMUNICATION	LOCKOUT/TAGOUT	WORKING CONDITIONS	REQUIRED EQUIPMENT
<input checked="" type="checkbox"/> Visual <input checked="" type="checkbox"/> Voice <input type="checkbox"/> Radio Other _____	<input checked="" type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Steam Special Instructions:	Extreme: <input checked="" type="checkbox"/> Heat <input type="checkbox"/> Cold <input type="checkbox"/> Humidity Special Instructions:	<input checked="" type="checkbox"/> Tripod/Line <input checked="" type="checkbox"/> Safety Harness <input checked="" type="checkbox"/> Gloves <input type="checkbox"/> Hardhat <input type="checkbox"/> Goggles/Glasses <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Respiration <input type="checkbox"/> Fall Protection <input type="checkbox"/> Shoring <input checked="" type="checkbox"/> GFCI
<input checked="" type="checkbox"/> CONTINUAL FORCED AIR VENTILATION <input type="checkbox"/> CONTINUAL MONITORING IS REQUIRED			

