

CONFINED SPACE/HAZARDOUS AREA ENTRY PERMIT
NAVSUPPACT NAPLES FORM 5100/1 (New 5-09)

TYPE OF ENTRY (Check One): <input type="checkbox"/> Pump Station Dry Well <input type="checkbox"/> Pump Station Wet Well <input type="checkbox"/> Manhole <input type="checkbox"/> Other (Explain):	DATE: PERMIT# _____ EXPIRES AT _____ DATE: _____ TIME: _____
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REASON FOR ENTRY:

JOB LOCATION (ADDRESS):

ENTRY SUPERVISOR:

SPECIFIC HAZARDS THAT MAY BE ENCOUNTERED: ATMOSPHERIC
 PHYSICAL
 OTHER (explain)

AUTHORIZED ENTRANTS	TIME IN	TIME OUT
ATTENDANT	N/A	N/A

CONTROL OF HAZARDS

PHYSICAL HAZARDS REQUIREMENTS	YES	NO	ATMOSPHERIC REQUIREMENTS						
FALL PROTECTION EQUIPMENT			ACCEPTABLE LIMITS FOR ENTRY						
LIGHTING (EXPLOSION PROOF)			OXYGEN	20% - 22%	(O ₂)				
HEARING PROTECTION			COMBUSTIBLE GAS (LEL)	10% MAX	(CH ₄)				
LOCKOUT/TAGOUT ELECTRICAL			HYDROGEN SULFIDE	10 PPM	(H ₂ S)				
SECURE AREA AND MONITOR			CARBON MONOXIDE	35 PPM	(CO)				
PERSONAL SAFETY EQUIPMENT			RESULTS	TIME	O₂	CH₄	H₂S	CO	
HARD HATS			PRE-ENTRY						
ON-SITE RESCUE EQUIPMENT REQUIRED	YES	NO	15 MIN						
FIRE EXTINGUISHER			30 MIN						
RESPIRATOR/SCBA			45 MIN						
COMMUNICATIONS DEVICES			60 MIN						
MECHANICAL RETRIEVAL EQUIPMENT			75 MIN						
ATMOSPHERIC EQUIPMENT REQUIRED	YES	NO	GAS DETECTOR INFORMATION						
GAS DETECTOR			UNIT#	OPERATIONAL					
BLOWER / PURGE / VENTILATE			LAST CALIBRATED	BATTERY CHECK					
OTHER RESCUE INFORMATION CONCERNING THIS ENTRY			OTHER PERTINENT INFORMATION CONCERNING THIS ENTRY						

EMERGENCY RESCUE INFORMATION: In the event of a life threatening emergency, DIAL 911. If a telephone is not available call "EMERGENCY!" on the mobile radio system, tell them your address and to dial 911 and ask them to dispatch the NSA Fire & Rescue Team.

I certify that I have evaluated the situation, the assigned personnel and the procedures to be followed are in compliance with the confined space procedures.

Upon completion of entry:
 Original to Confined Space Program Mgr.
 One Copy to Entry Supervisor
 One Copy to Safety Office

SIGNED _____
THIS PERMIT MUST REMAIN ON-SITE DURING ENTRY
 (Use Reverse if Necessary)