

【資料作成者注：この附属書D（許可例）については、日本語への仮訳が困難なので、英語原文をそのまま掲載しています。】

Appendix D to § 1910.146 - Sample Permits （基準 1910.146 の附属書 D—許可例）

Appendix D - 1  
Confined Space Entry Permit

Date & Time Issued: \_\_\_\_\_  
Job site/Space I.D.: \_\_\_\_\_  
Equipment to be worked on: \_\_\_\_\_

Date and Time Expires: \_\_\_\_\_  
Job Supervisor: \_\_\_\_\_  
Work to be performed: \_\_\_\_\_

Stand-by personnel: \_\_\_\_\_

1. Atmospheric Checks: Time \_\_\_\_\_  
Oxygen \_\_\_\_\_ %  
Explosive \_\_\_\_\_ % L.F.L.  
Toxic \_\_\_\_\_ PPM

8. Entry, standby, and back up persons: Yes No  
Successfully completed required  
training? \_\_\_\_\_  
Is it current? ( ) ( )

2. Tester's signature: \_\_\_\_\_  
3. Source isolation (No Entry): N/A Yes No  
Pumps or lines blinded, ( ) ( ) ( )  
disconnected, or blocked ( ) ( ) ( )  
4. Ventilation Modification: N/A Yes No  
Mechanical ( ) ( ) ( )  
Natural Ventilation only ( ) ( ) ( )  
5. Atmospheric check after  
isolation and Ventilation:  
Oxygen \_\_\_\_\_ % > 19.5 %  
Explosive \_\_\_\_\_ % L.F.L. < 10 %  
Toxic \_\_\_\_\_ PPM < 10 PPM H<sub>2</sub>S  
Time \_\_\_\_\_  
Testers signature: \_\_\_\_\_

9. Equipment: N/A Yes No  
Direct reading gas monitor -  
tested ( ) ( ) ( )  
Safety harnesses and lifelines  
for entry and standby persons ( ) ( ) ( )  
Hoisting equipment ( ) ( ) ( )  
Powered communications ( ) ( ) ( )  
SCBA's for entry and standby  
persons ( ) ( ) ( )  
Protective Clothing ( ) ( ) ( )  
All electric equipment listed  
Class I, Division I, Group D  
and Non-sparking tools ( ) ( ) ( )

6. Communication procedures: \_\_\_\_\_

10. Periodic atmospheric tests:  
Oxygen \_\_\_\_\_ % Time \_\_\_\_\_ Oxygen \_\_\_\_\_ % Time \_\_\_\_\_  
Oxygen \_\_\_\_\_ % Time \_\_\_\_\_ Oxygen \_\_\_\_\_ % Time \_\_\_\_\_  
Explosive \_\_\_\_\_ % Time \_\_\_\_\_ Explosive \_\_\_\_\_ % Time \_\_\_\_\_  
Explosive \_\_\_\_\_ % Time \_\_\_\_\_ Explosive \_\_\_\_\_ % Time \_\_\_\_\_  
Toxic \_\_\_\_\_ % Time \_\_\_\_\_ Toxic \_\_\_\_\_ % Time \_\_\_\_\_  
Toxic \_\_\_\_\_ % Time \_\_\_\_\_ Toxic \_\_\_\_\_ % Time \_\_\_\_\_

7. Rescue procedures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We have reviewed the work authorized by this permit and the information contained here-in. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked in the "No" column. This permit is not valid unless all appropriate items are completed.

Permit Prepared By: (Supervisor) \_\_\_\_\_

Approved By: (Unit Supervisor) \_\_\_\_\_

Reviewed By (Cs Operations Personnel): \_\_\_\_\_

(printed name)

(signature)

This permit to be kept at job site. Return job site copy to Safety Office following job completion.

Copies: White Original (Safety Office) Yellow (Unit Supervisor) Hard (Job site)

Appendix D - 2

ENTRY PERMIT

PERMIT VALID FOR 8 HOURS ONLY. ALL PERMIT COPIES REMAIN AT SITE UNTIL JOB COMPLETED

DATE: - - SITE LOCATION/DESCRIPTION

PURPOSE OF ENTRY

SUPERVISOR(S) in charge of crews Type of Crew Phone #

COMMUNICATION PROCEDURES

RESCUE PROCEDURES (PHONE NUMBERS AT BOTTOM)

\* BOLD DENOTES MINIMUM REQUIREMENTS TO BE COMPLETED AND REVIEWED PRIOR TO ENTRY\*

REQUIREMENTS COMPLETED	DATE	TIME	REQUIREMENTS COMPLETED	DATE	TIME
Lock Out/De-energize/Try-out			Full Body Harness w/"D" ring		
Line(s) Broken-Capped-Blank			Emergency Escape Retrieval Eq		
Purge-Flush and Vent			Lifelines		
Ventilation			Fire Extinguishers		
Secure Area (Post and Flag)			Lighting (Explosive Proof)		
Breathing Apparatus			Protective Clothing		
Resuscitator - Inhalator			Respirator(s) (Air Purifying)		
Standby Safety Personnel			Burning and Welding Permit		

Note: Items that do not apply enter N/A in the blank.

\*\* RECORD CONTINUOUS MONITORING RESULTS EVERY 2 HOURS \*\*

CONTINUOUS MONITORING**	Permissible								
TEST(S) TO BE TAKEN	Entry Level								
PERCENT OF OXYGEN	19.5% to 23.5%								
LOWER FLAMMABLE LIMIT	Under 10%								
CARBON MONOXIDE	+35 PPM								
Aromatic Hydrocarbon	+ 1 PPM * 5PPM								
Hydrogen Cyanide	(Skin) * 4PPM								
Hydrogen Sulfide	+10 PPM *15PPM								
Sulfur Dioxide	+ 2 PPM * 5PPM								
Ammonia	*35PPM								

\* Short-term exposure limit:Employee can work in the area up to 15 minutes.

+ 8 hr. Time Weighted Avg.:Employee can work in area 8 hrs (longer with appropriate respiratory protection).

REMARKS:

GAS TESTER NAME & CHECK # INSTRUMENT(S) USED MODEL &/OR TYPE SERIAL &/OR UNIT #

SAFETY STANDBY PERSON IS REQUIRED FOR ALL CONFINED SPACE WORK

SAFETY STANDBY PERSON(S) CHECK # CONFINED SPACE ENTRANT(S) CHECK # CONFINED SPACE ENTRANT(S) CHECK #

SUPERVISOR AUTHORIZATION - ALL CONDITIONS SATISFIED DEPARTMENT/PHONE

AMBULANCE 2800 FIRE 2900 Safety 4901 Gas Coordinator 4529/5387