# Brooks Construction Co., Inc. Confined Space Entry Permit

## Asphalt Plant

### Space Description

1. Type of confined space _____
2. Plant or Job ID # _____
3. Location _____
4. Entry Purpose _____
5. Hazard Identification _____

6. Start Date _____
7. Start Time _____ a.m./p.m.
8. Scheduled Expiration _____ a.m./p.m.

### Personal Protective and Safety Equipment (if required)

- ☐ Retrieval line/hoist
- ☐ Hard hat
- ☐ Safety harness
- ☐ Hearing protection
- ☐ Eye/foot protection
- ☐ Fire extinguisher
- ☐ GFI In Wet Environment
- ☐ Gas/Oxygen/Toxicity Detector(s)
- ☐ Ventilation equipment
- ☐ Respirators (specify): _____
- ☐ Protective clothing (specify): _____
- ☐ Gloves (specify): _____
- ☐ Communication equipment (specify): _____
- ☐ Others (specify): _____

### Air Monitoring Tests using gas meter (approx once every 30 min recorded )

| Test must be taken in the following order: Test to be Taken | Limit | Test Results | | | | | | | | Unit Serial # | Initials |
|---|---|---|---|---|---|---|---|---|---|---|---|
| % of OXYGEN ($O_2$) | 19.5-23.5% | | | | | | | | | | |
| % of LEL flammable concentrations | < 10% | | | | | | | | | | |
| CARBON MONOXIDE (CO) | < 25 ppm | | | | | | | | | | |
| HYDROGEN SULFIDE ($H_2S$) | < 10 ppm | | | | | | | | | | |
| OTHER | | | | | | | | | | | |
| TIME | | | | | | | | | | | |

### Entry Procedures

- ☐ Attendant understands duties
- ☐ Attendant has communication to rescue personnel
- ☐ Rescue plan is in place
- ☐ Entrant understands exit requirements
- ☐ Entrant has lifeline
- ☐ Pre-Entry Briefing: I/We have reviewed this permit and are aware of the hazards and precautions necessary for performing the designated work in the confined space authorized by this permit: *(Signed by all entrants & attendants)*

### Personnel

The following person(s) trained in confined space procedures are assigned work in connection with a confined space entry, in accordance with this permit:

Entrants: Name (Printed) Name (Signature)

_____

_____

Attendants: Name (Printed) Name (Signature)

_____

_____

**Fax completed form to Fort Wayne Office, Attn: Safety Director (260-469-6109) and retain this copy for your records**