


In case of emergency call
 **760-476-2202**

**CONFINED SPACE
 WORK PERMIT**



Local regulatory requirements will govern if more stringent than those spelled out in this permit. The work governed by this permit must stop if the permit conditions are no longer met. This permit is only valid when all appropriate sections are completed and signed by the appropriate individuals up to and including hand-over (Section 4).

Section 1 General Information

This permit is linked to:

- A General Work Permit or **No:**
- An SOP or other written work instruction **Reference:**

Work Order: (if applicable)

Permit CS requested by: (name & Company) On: (date)

Permit confined space valid from: (date & time) To: (date & time; max.12 hours; no extension allowed)

Plant/ department/ area/ installation/ equipment:

Work description:

Section 2 Scope of Work – Potential Hazard & Mitigations

A. Specific potential hazards while performing your job/task check all that apply + add additional hazards not included on non-routine PTW
 Oxygen deficiency/enrichment Explosive atmosphere Toxic atmosphere Other

B. Hazard Mitigation check all that apply and add additional required measures

Required safety precautions

- | | | | | | | |
|---|--------|--------------------------|-------|--------------------------|-------|--------------------------|
| 1. Apply LOTO – reference document: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA | <input type="checkbox"/> |
| 2. Communication with Maintenance / other departments | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA | <input type="checkbox"/> |
| 3. Reject hot work permit / line break permit in the immediate area around the confined space | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA | <input type="checkbox"/> |
| 4. Pipework disconnected/isolated Action carried out by: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA | <input type="checkbox"/> |
| 5. Confined space flushed & purged: Action carried out by: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA | <input type="checkbox"/> |
| 6. Confined space cleaned with detergent / cleaning solvent: List: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA | <input type="checkbox"/> |
| 7. Confined space ventilated before entry. Action carried out by: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA | <input type="checkbox"/> |
| 8. Confines space ventilated during the activities Action carried out by: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA | <input type="checkbox"/> |
| 9. Entrant equipped with appropriate respiratory protective equipment List: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA | <input type="checkbox"/> |
| 10. Entrant equipped with additional PPE: overall <input type="checkbox"/> chemical resistant gloves <input type="checkbox"/> boots <input type="checkbox"/> others | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA | <input type="checkbox"/> |
| 11. Entrant equipped with safety harness connected with life line outside confined space and appropriate rescue devices/fall protection | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA | <input type="checkbox"/> |
| 12. Entrant uses electrical safe tools – Low Voltage and/or protected by Ground Fault Circuit Interrupter / Residual Current Device | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA | <input type="checkbox"/> |
| 13. Entrant wears personal oxygen/explosion detector in breathing zone | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA | <input type="checkbox"/> |
| 14. Entrant monitors toxic gasses in the breathing zone | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA | <input type="checkbox"/> |
| 15. Attendant uses separate oxygen/explosion & toxic gasses detector (with pump, probe, display) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA | <input type="checkbox"/> |
| 16. Communication between attendant and entrants | Visual | <input type="checkbox"/> | Voice | <input type="checkbox"/> | Radio | <input type="checkbox"/> |
| 17. Attendant and Emergency Response Team have radio communication and test the communication | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA | <input type="checkbox"/> |
| 18. Access to confined space area prevented by using: <input type="checkbox"/> signs <input type="checkbox"/> barricades <input type="checkbox"/> supervisor/guard | | | | | | |
| 19. Additional: | | | | | | |

Entry and rescue provisions Non-entry rescue Entry Rescue

Question	Yes	No	Question	Yes	No
Are all entrants, attendants, and rescue teams properly trained?			Do entrants confirm they are fit for the job?		
Is there a potential for a hazardous atmosphere after controls?			Has a rescue pre-plan been prepared?		
Is there a potential for engulfment after controls?			Have all rescue/facility contacts been notified of the entry?		
Is there a potential for entrapment after controls?			Are hazards potentially being introduced to the space during work?		
Is there a potential for hazardous energy to be present after controls?			Are approved harness, life line retrieval systems, fall protection, ... in place?		
Are there any other serious safety or health concerns after controls?			Does a potential <i>immediately dangerous to life or health</i> atmosphere exist?		

= Unacceptable situation that requires additional considerations

Rescue pre-plan:

Reference:

Drawing (if needed)

Description (required rescue tools, PPE, positioning)

Atmospheric Monitoring:

	Instrument ID number	Calibration Date	Bump tested by	Time Bump test
O ₂ /Ex meter Tester:	.....	.....	.....	.....
O ₂ /Ex meter Entrant:	.....	.....	.....	.....
Toxic gas meter:	.....	.....
Monitoring frequency:	.....		

Time (hh:mm)	Pre-entry	During the entry							
	:	:	:	:	:	:	:	:	:
Oxygen (vol%) (> 19.5 - < 23.5 vol%)									
Explosion (%LEL) (< 10% LEL)									
Toxic (ppm) (< 50% TLV-TWA)									
Toxic 1:									
Toxic 2:									
Toxic 3:									

To be signed after pre Entry monitoring recorded

Name & Company Tester	Signature
.....

Section 3 Authorization and Acceptance

PTW Supervisor/Viasat Inc. Entry Supervisor/Subject matter expert or authorized designee

I give authorization for the described work to proceed as per the conditions of this permit and I am satisfied that all the hazards associated with this permit to work are controlled (subject to the additional requirements stated below).

Name:	Phone:	Signature:	Date & Time:
.....

Additional requirements:

JSA or Safe-Plan-of-Action or Work Instruction mandatory for activity(s) :

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Person in Charge

I confirm that Person(s) Carrying Out the Work have the appropriate skills, knowledge, information, tools and equipment to perform the work safely. I further confirm that I have explained the permit conditions and control measures with the Person(s) Carrying Out the Work and have ensured these person(s) have received site orientation and general emergency procedures. It is safe to perform the work as defined above.

Name & Company:	Phone:	Signature:	Date & Time:
.....

Person Carrying Out The Work Person in Charge is sole Person Carrying Out The Work (no extra signature required)
 I acknowledge that the permit conditions have been explained to me and by virtue of my signature I commit to adherence of the permit conditions. Each person working on the job must sign. As Entrant I confirm I am fit to carry out this job.
 Persons Carrying Out The Work have signed on the documented risk control procedure (Safe Plan of Action) (check if applicable)

ENTRANT		Each person involved with the job must sign.	
Name & Company:	Signature	Name & Company	Signature
.....
ATTENDANT/ Standby person			
Name & Company:	Signature:		
.....		
EMERGENCY RESPONSE TEAM			
Name & Company:	Signature:		
.....		
(CPR) .....	.....	
.....		

Section 4 Hand-Over (Start of Work)

Area owner
 I have reviewed the plan(s) to complete the described work and I am satisfied that all isolations are completed and the hazards associated with this work are or will be controlled. I have checked the area(s)/system(s) where the work will be performed and I have not observed issues which should prevent the work from proceeding. I give authorization for the described work to proceed per the conditions of this permit.

- Are the Utility System owners (Facility/Maintenance) informed? Yes NA
- Are the Area Owners of possible affected area(s) informed? Yes NA
- I have informed all affected Employees? Yes NA

Name & Company:	Phone:	Signature:	Date & Time:
.....

Section 5 Hand-Back (End of Work)

Person in Charge
 All activities associated with this permit to work have been completed, all isolations are removed and the area has been left in a safe, clean and tidy condition. I confirm this Confined Space Work Permit is closed. No further entries are allowed.

Name & Company:	Signature:	Date & Time:
.....

Area owner
 I have verified, through in place inspection, that the activities associated with this permit have been completed and that the area has been left in a safe, clean and tidy condition.

Name & Company:	Signature:	Date & Time:
.....

Nothing in this Permit shall cause the Owner (Viasat Inc.) to assume responsibility for any of the legal obligations of the Contractor performing the work under applicable laws or the requirements of the Agreement governing the work.

THIS WORK PERMIT MUST BE POSTED IN THE WORK AREA. UPON JOB COMPLETION THIS SIGNED PERMIT MUST BE MAINTAINED FOR 24 MONTHS.