



INERT ENTRY CONFINED SPACE PERMIT

THIS IS A PERMIT REQUIRED CONFINED SPACE. ENTRY IS ONLY AUTHORIZED WITH A VALID PERMIT TO WORK AND WITH USE OF SPECIALTY CONTRACTOR ENTRY AND GAS TESTING LOGS

Effective Date/Time:	Expiration Date: (30 Day Max)	ICC Number:	PR and/or Maximo Number:	Area:	Unit:
Equipment Name or Description of Confined Space:			Purpose of Entry:		

ENCLOSURE ISOLATION / PREPARATION	YES (Required)	N/A (Not Required)	If YES, IA initial when complete :	Comments:
All Isolations completed per ICC or Blank List	<input type="checkbox"/>	<input type="checkbox"/>		
Radiation Source Locked Out	<input type="checkbox"/>	<input type="checkbox"/>		
Purge, Flush, Venting all complete	<input type="checkbox"/>	<input type="checkbox"/>		
Nitrogen Supply Valves are Tagged with Clear Ownership	<input type="checkbox"/>	<input type="checkbox"/>		

I have verified isolation, preparation, and assert that all control measures listed above are in place.

Operations Shift Supervisor	Printed Name	Signature	Date
BP Performing Authority	Printed Name	Signature	Date
Specialty Contractor Supervisor	Printed Name	Signature	Date
BP Safety Advisor	Printed Name	Signature	Date

INITIAL GAS TESTING RESULTS

Periodic and continuous testing will be documented by Specialty Contactor

TEST REQUIRED	YES	NO	ACCEPTABLE RANGE	DATE	TIME	RESULTS
Oxygen	X		0% - 4%			
Flammability	X		< 10% LEL			
H2S	X		< 10 ppm			
CO	X		< 50 ppm			
Total HC	<input type="checkbox"/>	<input type="checkbox"/>	< 300 ppm			
Benzene (If HC is ≥ 25 ppm)	<input type="checkbox"/>	<input type="checkbox"/>	< 1 ppm			
Temperature	X		<100 °F			
Other Tests (list):						
Tested by (print name):				Witnessed by (BP Safety):		
Test Instruments Name/Serial Number (must use a calibrated direct reading instrument):						
Description of testing locations within the space:						

CONTROL MEASURES

- ▶ The Level 2 Risk Assessment and Permit to Work Identify hazards located in this space and must be reviewed with the work crew prior to entry. Inert Entry work is completed in a Low Oxygen Environment and is classified as IDLH.
- ▶ Non-entry rescue (harness **with** retrieval line) must be used for Inert Entry Work
- ▶ Specialty Contractor and Local Confined Space Rescue plans are complete and located with this permit.
- ▶ Attendant will monitor Radio Channels: 16A and Asset Operations Channel _____
- ▶ Emergency Contact Info for CSE Rescue: Radio - **16A**, Security **6911 or 567-698-6911**, Radio for EOC/Safety - **14A**, Other: _____
- ▶ Attendant and Entrant will communicate using a communication system integrated into a Lock-on life support helmet.
- ▶ The Attendant's name and Entry Supervisor's name is required on the Confined Space Entry Log which is managed by the specialty contractor. In addition, the Attendant is required to maintain an accurate log of Authorized Entrants time in and out of the confined space.

FINAL APPROVAL SIGNATURES FOR ENTRY: Please provide both printed name and signature in boxes below:

<p>These signatures represent authorization for Inert Entry to begin.</p> <ul style="list-style-type: none"> • All Controls previously listed on this permit are in place, • Atmospheric conditions are met, and • The initial Contractor Safe Work Assurance Checklist has been completed. • The Specialty Contractor assumes ownership of the space. 	Operations Shift Supervisor:	BP Performing Authority/Contact:
	Operations Issuing Authority:	Specialty Contractor Entry Supervisor:
	BP Safety Advisor:	

LESSONS LEARNED MUST BE DOCUMENTED ON THE BACK OF THIS ENTRY PERMIT.



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LESSONS LEARNED:
