

U.S. Army Corps of Engineers (USACE)
PERMIT-REQUIRED CONFINED SPACE ENTRY (PRCS)

For use of this form, see EM 385-1-1; the proponent agency is CESO.

PURPOSE: This form is completed prior to a PRCS entry in order to identify and control all existing or potential hazards.

Date Issued:	Time Issued:	Date Expired:	Time Expired:
Project/Location/Space ID:			
Company/Organization:			
Purpose of Entry:			
Entry Supervisor:			
Attendant:			
Entrant(s):			
Rescuers:			

Hazards of Confined Space

Atmospheric	<input type="checkbox"/> Flammable	<input type="checkbox"/> Hot Work (<i>attach permit</i>)	<input type="checkbox"/> Toxic	<input type="checkbox"/> Oxygen Deficient	<input type="checkbox"/> Oxygen Enrichment
Configuration	<input type="checkbox"/> Drop-off	<input type="checkbox"/> Complex Layout	<input type="checkbox"/> Low Overhead	<input type="checkbox"/> Stability	<input type="checkbox"/> Structural Integrity
Content	<input type="checkbox"/> Dust	<input type="checkbox"/> Fill/Removal	<input type="checkbox"/> Fluid	<input type="checkbox"/> Previous	<input type="checkbox"/> Shifting
Energy	<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire Control System	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Pneumatic
Environment	<input type="checkbox"/> Ambient Temp.	<input type="checkbox"/> Surface Temp.	<input type="checkbox"/> Noise	<input type="checkbox"/> Water	<input type="checkbox"/> Other: _____
External	<input type="checkbox"/> Equipment	<input type="checkbox"/> Machinery	<input type="checkbox"/> Processes	<input type="checkbox"/> Terrain	<input type="checkbox"/> Traffic
Other	<input type="checkbox"/> Animals	<input type="checkbox"/> Biological	<input type="checkbox"/> Insects	<input type="checkbox"/> Ionizing Radiation	<input type="checkbox"/> Non-Ionizing Radiation

Isolation Measures

Blinded <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Disconnected or blocked <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
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Ventilation

Mechanical <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Natural Ventilation Only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
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Equipment

All Electric equipment listed Class I, Division I, Group D, and Non-sparking tools <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Direct reading gas monitor date of bump test <input type="checkbox"/> Yes <input type="checkbox"/> No
Hoisting Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Powered communications <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
SCBAs for entry and standby persons <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Safety harness and lifelines for entry and standby persons <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
After removing cover, is the opening guarded properly? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	List guarding method: _____
Attachment: <input type="checkbox"/> AHA <input type="checkbox"/> HEC Procedures	<input type="checkbox"/> Atmospheric Testing <input type="checkbox"/> Hot Work Permit <input type="checkbox"/> Entrant Log <input type="checkbox"/> Rescue Plan <input type="checkbox"/> Other: _____

I 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.

Entry Supervisor's Name	Date	Entry Supervisor's Signature
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This permit is to be kept at Job Site.