

### Safe Work Permit Confined Space Tracking Log

Vessel    Tank    Exchanger    Cooling Tower    Excavation/Trench    Other: \_\_\_\_\_

Equipment #: \_\_\_\_\_ Location: \_\_\_\_\_

Description of Space: \_\_\_\_\_ Initial Permit #

DATE	AM	PM	AM	PM	AM	PM
<b>TIME</b>	AM	PM	AM	PM	AM	PM
<b>O<sub>2</sub></b>	%	%	%	%	%	%
<b>LEL</b>	%	%	%	%	%	%
<b>CO</b>	ppm	ppm	ppm	ppm	ppm	ppm
<b>H<sub>2</sub>S</b>	ppm	ppm	ppm	ppm	ppm	ppm
<b>SO<sub>2</sub></b>	ppm	ppm	ppm	ppm	ppm	ppm
<b>NH<sub>3</sub></b>	ppm	ppm	ppm	ppm	ppm	ppm
<b>Benzene</b>	ppm	ppm	ppm	ppm	ppm	ppm
<b>Other: _____</b>						
<b>Equip #</b>						
<b>Bumped this Shift?</b>						
<b>Initials</b>						

NOTE: The checked PPE and Confined Space Precautions below are required to enter this Confined Space. These requirements are specific to the space. Any requirements that are downgraded or waived for the Confined Space must be voided and a new section filled out with the effective date of change and requirements.

**Effective Date:** \_\_\_\_\_ **Void Date:** \_\_\_\_\_ *If Void, cross out section and fill out reverse*

**MINIMUM REQUIRED PPE TO ENTER SPACE** above and beyond standard PPE  
NOTE: Additional PPE associated with each work description/scope shall be documented on the safe work permit for each respective job

<input type="checkbox"/> Hearing Protection <input type="checkbox"/> Goggles (worn) <input type="checkbox"/> Personal SO <sub>2</sub> monitor <input type="checkbox"/> Other Boots: _____ <input type="checkbox"/> Disposable FR Coveralls <input type="checkbox"/> Fall Protection <input type="checkbox"/> Other: _____	<b>Gloves (minimum required)</b> <input type="checkbox"/> General Duty (Cut Level A3) <input type="checkbox"/> Impact <input type="checkbox"/> Thermal <input type="checkbox"/> Cut Resistant (Cut Level A4+) <input type="checkbox"/> Chemical: _____	<b>Respiratory Protection:</b> <input type="checkbox"/> Supplied air (list type) _____ <input type="checkbox"/> APR (list mask and cartridge type) _____  <b>RAM SCORE:</b> ___ X ___ X ___ = ___
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**CONFINED SPACE PRECAUTIONS REQUIRED**  
NOTE: Rescue personnel, air horn/radio, attendant(s) with vest, safety harnesses and lifelines (unless waived by MPC Safety Dept.), and continuous air monitoring are always required in any confined space. Confined space entry status signage must be posted at any confined space's entry points.

<input type="checkbox"/> Temperature Below 110°F <input type="checkbox"/> Qualified Entry During Lightning <input type="checkbox"/> Hazards Specific to Space: _____ _____	<input type="checkbox"/> Safety Harness <input type="checkbox"/> Lifeline <input type="checkbox"/> Rescue Wristlet/Anklet Required <b>WAIVERS:</b> <input type="checkbox"/> Safety Harness Waived by: _____ <input type="checkbox"/> Lifeline Waived by: _____	<input type="checkbox"/> Inert Entry (Restricted Area Precautions) <input type="checkbox"/> Excavation > 4' (Ladder/Shoring Precautions) <input type="checkbox"/> Forced Air Ventilation Required <input type="checkbox"/> Explosion Proof Lighting Required <input type="checkbox"/> Backup Lighting Required <input type="checkbox"/> Other: _____
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**Initial Entry Approved By:** (print) \_\_\_\_\_ (sign) \_\_\_\_\_ Date: \_\_\_\_\_

**Waivers Issued By:** (print) \_\_\_\_\_ (sign) \_\_\_\_\_ Date: \_\_\_\_\_

<b>Effective Date:</b> _____	<b>Void Date:</b> _____	<i>If Void, cross out section and fill out below</i>
<b>Changes Approved By:</b> (print) _____ (sign) _____		
<b>MINIMUM REQUIRED PPE TO ENTER SPACE</b> above and beyond standard PPE <i>NOTE: Additional PPE associated with each work description/scope shall be documented on the safe work permit for each respective job</i>		
<input type="checkbox"/> Hearing Protection <input type="checkbox"/> Goggles (worn) <input type="checkbox"/> Personal SO <sub>2</sub> monitor <input type="checkbox"/> Other Boots: _____ <input type="checkbox"/> Disposable FR Coveralls <input type="checkbox"/> Fall Protection <input type="checkbox"/> Other: _____	<b>Gloves (minimum required)</b> <input type="checkbox"/> General Duty (Cut Level A3) <input type="checkbox"/> Impact <input type="checkbox"/> Thermal <input type="checkbox"/> Cut Resistant (Cut Level A4+) <input type="checkbox"/> Chemical: _____	<b>Respiratory Protection:</b> <input type="checkbox"/> Supplied air (list type) _____ <input type="checkbox"/> APR (list mask and cartridge type) _____  <b>RAM SCORE:</b> ____ x ____ x ____ = ____
<b>CONFINED SPACE PRECAUTIONS REQUIRED</b> <i>NOTE: Rescue personnel, air horn/radio, attendant(s) with vest, safety harnesses and lifelines (unless waived by MPC Safety Dept.), and continuous air monitoring are always required in any confined space. Confined space entry status signage must be posted at any confined space's entry points.</i>		
<input type="checkbox"/> Temperature Below 110°F <input type="checkbox"/> Qualified Entry During Lightning <input type="checkbox"/> Hazards Specific to Space: _____ _____	<input type="checkbox"/> Safety Harness <input type="checkbox"/> Lifeline <input type="checkbox"/> Rescue Wristlet/Anklet Required <b>WAIVERS:</b> <input type="checkbox"/> Safety Harness Waived by: _____ <input type="checkbox"/> Lifeline Waived by: _____	<input type="checkbox"/> Inert Entry (Restricted Area Precautions) <input type="checkbox"/> Excavation > 4' (Ladder/Shoring Precautions) <input type="checkbox"/> Forced Air Ventilation Required <input type="checkbox"/> Explosion Proof Lighting Required <input type="checkbox"/> Backup Lighting Required <input type="checkbox"/> Other: _____

<b>Effective Date:</b> _____	<b>Void Date:</b> _____	<i>If Void, cross out section and fill out new tracking log sheet</i>
<b>Changes Approved By:</b> (print) _____ (sign) _____		
<b>MINIMUM REQUIRED PPE TO ENTER SPACE</b> above and beyond standard PPE <i>NOTE: Additional PPE associated with each work description/scope shall be documented on the safe work permit for each respective job</i>		
<input type="checkbox"/> Hearing Protection <input type="checkbox"/> Goggles (worn) <input type="checkbox"/> Personal SO <sub>2</sub> monitor <input type="checkbox"/> Other Boots: _____ <input type="checkbox"/> Disposable FR Coveralls <input type="checkbox"/> Fall Protection <input type="checkbox"/> Other: _____	<b>Gloves (minimum required)</b> <input type="checkbox"/> General Duty (Cut Level A3) <input type="checkbox"/> Impact <input type="checkbox"/> Thermal <input type="checkbox"/> Cut Resistant (Cut Level A4+) <input type="checkbox"/> Chemical: _____	<b>Respiratory Protection:</b> <input type="checkbox"/> Supplied air (list type) _____ <input type="checkbox"/> APR (list mask and cartridge type) _____  <b>RAM SCORE:</b> ____ x ____ x ____ = ____
<b>CONFINED SPACE PRECAUTIONS REQUIRED</b> <i>NOTE: Rescue personnel, air horn/radio, attendant(s) with vest, safety harnesses and lifelines (unless waived by MPC Safety Dept.), and continuous air monitoring are always required in any confined space. Confined space entry status signage must be posted at any confined space's entry points.</i>		
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