| **Subcontractor Name**: | **Project Location**: | |
| --- | --- | --- |
| **Estimated Start Date**: | **Estimated End Date**: | |
| **Work Order #**: | **Project or Job Title**: | |
| **Project CA’s Name**: | **Contact Information**: | |
| **EHS POC**: | **Contact Information**: | |
| **Subcontractor has a written Permit Required Confined Space (PRCS) Program per OSHA 1926 Subpart AA**: Yes  No | | |
| **Competent Person’s Name**:  **Contact Information**:  Competent person as defined in OSHA 1926 Subpart AA?  Yes  No | **Entry Supervisor’s Name**:  **Contact Information**:  OSHA 1926 Subpart AA Training Date:  (attach certification) | |
| **Confined space information:**  **Type of space**:  **Location**:  **PRCS**: Yes  No  **Reclassification expected**: Yes  No  **Leidos Confined space ID#**: | **Scope of work in confined space:**  **Will work potentially introduce new hazards into PRCS:**  Yes  No  Explain: | |
| **Potential confined space hazards:**  Toxic  Oxygen deficiency  Oxygen enrichment  Flammable/Explosive  Physical  Equipment related  Egress/Entrapment  Electrical/Electrocution  Engulfment  Entanglement  Moving Parts  Other: | **Energy sources present and means of isolation:** | |
| *Energy Source:*  Water  Gas  Steam  Chemical  Waste  Mechanical  Electrical  Other: | *Energy control procedures:*  (attach LOTO procedures) |
| **PPE:** | **Controls:** | |
| Respiratory protection, type  Safety glasses  Face shield  Leather gloves  Rubber gloves  Hearing protection  Coveralls  Steel toe rubber boots  Steel toe boots  Hard hat  Safety vest  Personal floatation device  Other, specify: | Isolation of energy sources  Purge the confined space  Natural ventilation  Continuous forced ventilation  Conduct Gas Testing & Monitoring  Entrance/exit points to be kept clear of all equipment  Use of rescue/fall arrest equipment  Warning notices/barricades  Lighting  Fire extinguisher  Other, specify:  List other specific equipment and how to be used: | |

**EHS-F-022, Rev. 0**

|  |  |
| --- | --- |
| **Rescue equipment and procedures** (include type/make/model):  **Entry recue will be performed by who**: | **Emergency information:**  *Fire Department*:  Company 50 (main campus) (301-619-2528)  Company 3 (ATRF and VCMP) (301-600-1603)  **Response time to work location**: |
| Attendant’s Name: | OSHA 1926 Subpart AA Training Date:  (attach certification) |
| Attendant’s Name: | OSHA 1926 Subpart AA Training Date:  (attach certification) |
| Entrant’s Name: | OSHA 1926 Subpart AA Training Date:  (attach certification) |
| Entrant’s Name: | OSHA 1926 Subpart AA Training Date:  (attach certification) |
| Entrant’s Name: | OSHA 1926 Subpart AA Training Date:  (attach certification) |
| Entrant’s Name: | OSHA 1926 Subpart AA Training Date:  (attach certification) |
| **Planned communication method between attendant and entrants:**  Phones (type/make/model):  Radio (type/make/model)  Voice/visual  Other, specify: | |
| **Atmospheric monitoring:**  **Instrument (type/make/model)**:  **Last calibration date**:  **Parameters**:  **Monitoring frequency**:  Initial  Pre-entry  Continuous  Other: | **Acceptable levels for each parameter**: |

|  |  |
| --- | --- |
| **Preparer:** | |
| Name and signature of person who filled out this plan: | Date: |
| Name and Signature of approver: | Date: |
| *By signing this plan, the preparer and approver are certifying that the information provided is true, and that any change in the conditions described in this plan or inadequacies found for protecting employees during the PRCS entry may require a revision to this plan.*  *Employees must review the requirements of the PRCS entry plan prior to starting work. The plan must be available at the job site during work activities that require entry to PRCSs.* | |
| **Plan review by Leidos personnel:** | |
| FME CA Signature: | Date: |
| EHS POC Signature: | Date: |