| **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: |