

Permit Number: PRCS - _____

CONFINED SPACE ENTRY PERMIT

Issued to (name): _____ Shop/Company: _____
 Date: _____ Time Issued: _____ Time Expires: _____
 Location: _____
 Purpose of Entry: _____

Is a Hot Work Permit required? Yes No
 Initial Atmospheric checks: Time _____ O₂ _____ % LEL _____ % CO _____ PPM H₂S _____ PPM

Actual or Potential Space Hazards

Flammable Atmospheres arising from:		
Oxygen Enrichment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Vaporization of Flammable Liquids	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Combustible Dusts	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Chemical Reactions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Byproducts of Work	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Toxic Atmospheres arising from:		
Carbon Monoxide	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hydrogen Sulfide	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fumes from Welding	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Toxic Vapors and Gases	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Irritant (Corrosive) Atmospheres arising from:		
Acids	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bases/Caustics	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Chlorine	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ammonia	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Benzene (found in gasoline)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Carbon Tetrachloride	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Trichloroethane	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Trichloroethylene	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asphyxiating (Oxygen Deficient) Atmospheres arising from:		
Combustion of Flammable Substances (welding cutting, heating or brazing)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Formation of rust (Iron Oxide)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Oxygen Deprivation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
General Safety Hazards arising from:		

Engulfment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Electrical Equipment (verify LOTO)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mechanical Equipment (verify LOTO)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Configuration (Entrapment)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Structural Hazards	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Thermal Extremes (Hot or Cold)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Noise	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Vibration	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Spark Producing Operations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Static Electricity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Slips, Trips or Falls	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fatigue	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Potential Hazards?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

General Requirements for Entry:		
	COMPLETE	N/A
Entrant, Attendant and Supervisor successfully completed required training? Is it current (within 12 mos.)?	<input type="checkbox"/>	
Area secured (caution tape, barriers, etc.)?	<input type="checkbox"/>	
Entry permit posted?	<input type="checkbox"/>	
Equipment cleared of hazardous materials?	<input type="checkbox"/>	<input type="checkbox"/>
All ignition sources isolated?	<input type="checkbox"/>	<input type="checkbox"/>
Equipment isolated? Indicate method(s): <input type="checkbox"/> LOTO <input type="checkbox"/> Blanking/Blinding <input type="checkbox"/> Double Block and Bleed <input type="checkbox"/> Line Break/Misalign <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Has space been <i>inerted</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
Has space been <i>purged</i> or <i>cleaned</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
Lighting set up?	<input type="checkbox"/>	<input type="checkbox"/>
Ladder or other means of egress	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation: <input type="checkbox"/> Natural <input type="checkbox"/> Continuous forced Air <input type="checkbox"/> Local Exhaust	<input type="checkbox"/>	<input type="checkbox"/>
Retrieval system <input type="checkbox"/> Uni-hoist <input type="checkbox"/> Tripod <input type="checkbox"/> Outrigger Plates	<input type="checkbox"/>	<input type="checkbox"/>
Harness/lifeline	<input type="checkbox"/>	<input type="checkbox"/>
Ground fault circuit interrupter (GFCI) check and functioning	<input type="checkbox"/>	<input type="checkbox"/>
Explosion-Proof/ Intrinsically Safe lighting and equipment	<input type="checkbox"/>	<input type="checkbox"/>
Non-sparking tools	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguisher available	<input type="checkbox"/>	<input type="checkbox"/>
Communication check with Campus Services that CSE is imminent and rescue procedures are in place	<input type="checkbox"/>	

Communications used between *Attendant/Entry Supervisor* and *Entrant*: Voice Radio
 Rope Other? _____

Personal Protective Equipment

Head:	Extremities:	Body:
<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Gloves (specify) _____	<input type="checkbox"/> Work Uniform
<input type="checkbox"/> Chemical Goggles	<input type="checkbox"/> Foot Coverings (specify) _____	<input type="checkbox"/> Tyvek Suit
<input type="checkbox"/> Face Shield		<input type="checkbox"/> Welding Protection
<input type="checkbox"/> Hard Hat		<input type="checkbox"/> Other
Respiratory Protection Needed:	Other:	
<input type="checkbox"/> SCBA	<input type="checkbox"/> Hearing Protection	
<input type="checkbox"/> Supplied Air Respirator		
<input type="checkbox"/> Air Purifying Respirator		
<input type="checkbox"/> None		

Emergency and Rescue Provisions

<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> SCBA	<input type="checkbox"/> First Aid Supplies
<input type="checkbox"/> Emergency Alarm	<input type="checkbox"/> Extraction Device (s)	<input type="checkbox"/> External Phone Availability

For all Fire, Police or Emergency Medical Service Emergencies:

- dial extension 6333 from any campus phone to reach University Police or obtain an outside line and dial 878-6333

Personnel Assignments/ Entry Log

Name (print)	Duties	Time In	Time Out	Initial
	Entry Supervisor			
	Attendant			
	Entrant			

Atmospheric Testing Record (Continuous Monitoring)						Document every 30 minutes					
		Acceptable Level	Reading	Time	Reading	Time					
Oxygen		19.5%-23.0%									
Explosive Gas/Vapor		< 10% LEL									
Carbon Monoxide		50 PPM (TWA)									
Hydrogen Sulfide		20 PPM (ceiling)									
Other: _____											
Instrument		Model			Manufacturer						
Calibration Date/Time		User Name			User Signature						

Entry Authorization

We have reviewed the work authorized by this permit and the information contained here-in. Written instructions and safety information have been received and are understood. Entry cannot be approved if any spaces are left blank. This permit is not valid unless all appropriate items are completed.

Permit prepared by: _____ Date/Time _____
 Entry authorized by BSC Safety Rep.: _____ Date/Time _____
 Authorized Entrant(s): _____ Date/Time _____
 Authorized Attendant(s): _____ Date/Time _____
 Authorized Entry Supervisor: _____ Date/Time _____

Entry Cancellation

Entry cancelled by: _____ Date/Time _____

Debriefing

Has job been completed? Yes No If no, explain: _____
 The following is to be completed by the Entry Supervisor and the Attendant or Entrant (circle):
 Were any hazards encountered or created during the confined space entry? Yes No
 If yes, explain: _____

Signatures: _____