

Job No: _____

Date: _____

CONFINED SPACE ENTRY

Permit No. _____

1. GENERAL INFORMATION

Building / Location description _____ Space # / type (manhole, tunnel, tank, etc.) _____ Purpose of entry _____	Department _____ Shop / Section _____ Supervisor & Phone No. _____	<input type="radio"/> Contractor entry _____ Name of company _____ Supervisor & Phone No. _____
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Joint entry with another Univ. Dept. or contractor? Entry Coordinator: _____ Contractor's Affirmation on file? Yes No (Entry not permitted)

2. HAZARD ASSESSMENT

Check all real or potential **PHYSICAL** hazards.

<input type="radio"/> Engulfment (loose material)	<input type="radio"/> Exposed electricity	<input type="radio"/> <div style="border: 1px solid black; width: 20px; height: 40px; margin: 0 auto;"></div>
<input type="radio"/> Moving machinery	<input type="radio"/> Slips / Falls	
<input type="radio"/> Hazardous material	<input type="radio"/> Heat stress (steam)	
<input type="radio"/> Converging walls	<input type="radio"/> Other:	

Check all real or potential **ATMOSPHERIC** hazards. (Complete Initial Evaluation in Atmospheric Testing Table)

<input type="radio"/> Low Oxygen (<19.5%)	<input type="radio"/> Hydrogen sulfide (>10 ppm)
<input type="radio"/> High Oxygen (>23.5%)	<input type="radio"/> Other:
<input type="radio"/> Flammable (>10% LEL)	
<input type="radio"/> Carbon monoxide (> 35 ppm)	

3. HAZARD CONTROLS

Will any **PHYSICAL** hazards be *eliminated* by the following?

Lockout / Tagout (electrical)

Blanking & Bleeding (hydraulic & pneumatic)

Disconnecting (mechanical linkages)

Securing (moving parts)

Other:

Type of Entry

Yes →

PERMIT
 (Notify EH&S)

No →

Will any **ATMOSPHERIC** hazards be *controlled* by continuous ventilation?

Space will be ventilated continuously during entry. (Required for manholes)

Fan's flow rate = _____ cfm

4. ATMOSPHERIC TESTING (Monitor Continuously - Record test results every 30 minutes)

Gas	Acceptable Conditions	Initial Evaluation	Time:	Time:	Time:	Time:	Time:	Time:	Time:
Oxygen (O ₂)	19.5% to 23.5%								
Flammable	< 10 %LEL								
Carbon Monoxide (CO)	< 35 ppm								
Hydrogen Sulfide (H ₂ S)	< 10 ppm								
Other:									

Name of tester: _____ Monitor Model: _____ Date Calibrated: _____ (Should not be more than a month old.)

5. AUTHORIZATION TO ENTER

Entry time: _____ to _____ Start Stop Personnel <input type="radio"/> Alternate Procedure (min 2 people) _____ _____ <div style="border: 2px solid black; padding: 5px; margin-top: 10px;"> <input type="radio"/> PERMIT REQUIRED (AUTHORIZED ENTRY TEAM) _____ Entry Supervisor _____ Attendant _____ Entrants: _____ _____ </div>	Communication method: <input type="radio"/> voice <input type="radio"/> radio <input type="radio"/> sight <input type="radio"/> other: _____ PPE needed: _____ _____ Equipment needed: _____ _____ Notes: _____ _____	<p style="text-align: center;">NEVER ENTER A CONFINED SPACE TO ATTEMPT A RESCUE</p> Non-entry rescue equipment: Alternate Procedure <input type="radio"/> Body harness & line on entrants <div style="border: 2px solid black; padding: 5px; margin-top: 10px;"> PERMIT REQUIRED – add: <input type="radio"/> Tripod and host (spaces greater than 5 feet in dept) </div> Emergency Services : <p style="text-align: center;">University Police</p> Emergencies: 962-2222
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I certify that all precautions for a safe entry have been taken and all necessary safety training and equipment has been provided.

Signature _____
Date _____

All personnel have had Confined Space training.

Supervisor completes this form and signs it to authorize entry. Obtain a permit number from the EH&S. Keep this form at the job site during entry. After close out, keep this form on file until it has been reviewed during the Confined Space program audit. Call EHSC at 910-962-3057, if you have any questions or concerns.

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