

Attachment 5 - Confined Space Entry Permit

CONFINED SPACE ENTRY PERMIT

Instructions: This form must be completed prior to performing any confined space work on SSU campus. After work is completed the permit shall be cancelled and returned to the EHS Department, Building 604.

PERMIT MUST REMAIN POSTED AT JOB SITE AT ALL TIMES

| | | |
|--------------------------------|-------|-----|
| Confined Space (description): | | |
| Location of Confined Space: | | |
| Purpose of Entry: | | |
| Authorized Duration of Permit: | Date: | To: |
| | Time: | To: |

Entry Personnel

| | | |
|----------------------|--|--|
| Entry Supervisor: | | |
| Entry Attendant(s): | | |
| Authorized Entrants: | | |
| | | |

Hazards Associated with Space

| | | |
|---|--|---|
| <input type="checkbox"/> Oxygen Deficiency | <input type="checkbox"/> Engulfment | <input type="checkbox"/> Chemical Contact |
| <input type="checkbox"/> Oxygen Enriched | <input type="checkbox"/> Electrocutation | <input type="checkbox"/> Standing Water |
| <input type="checkbox"/> Flammable Atmosphere | <input type="checkbox"/> Mechanical (moving machinery) | <input type="checkbox"/> Head Room/Protruding Objects |
| <input type="checkbox"/> Toxic Atmosphere | <input type="checkbox"/> Slip, Trip, Fall | <input type="checkbox"/> Hot Surfaces |
| <input type="checkbox"/> Other Known Hazards: | | |

Note: Welding/cutting operations require a Hot Work permit.

Other Permits Required: Y N If yes, identify _____ Permit Expiration Date: _____

| Required Special Precautions | Required PPE |
|---|---|
| <input type="checkbox"/> Lockout/Tagout | <input type="checkbox"/> Protective Clothing – Tyvek, Level C or B |
| <input type="checkbox"/> Purge Space – Flush and Vent | <input type="checkbox"/> Footwear – Safety Shoes, Rubber Boots |
| <input type="checkbox"/> Secure Space – Post and Barricade | <input type="checkbox"/> Gloves – Leather, Chemical Resistant |
| <input type="checkbox"/> Continuous Mechanical Ventilation | <input type="checkbox"/> Face/Eye Protection – Safety Glasses/Face Shield |
| <input type="checkbox"/> Harness and Lifeline (Fall Protection) | <input type="checkbox"/> Hearing Protection |
| <input type="checkbox"/> Retrieval Device – Tripod, Rescue Winch, | <input type="checkbox"/> Respirator – Self Contained, Air Purifying |
| <input type="checkbox"/> Non-Sparking Tools | <input type="checkbox"/> Personal Air Monitor (Additional to Attendant's Monitor) |
| <input type="checkbox"/> Lighting | <input type="checkbox"/> Other: |

| CSE Communication | |
|---|---------------------------------------|
| <input type="checkbox"/> Visual Hand Signals/Verbal | <input type="checkbox"/> Rope Signals |
| <input type="checkbox"/> Radios | <input type="checkbox"/> Other: |

Rescue Procedures and Equipment

| | |
|--|-------------|
| Emergency Phone Number: | |
| Emergency Rescue Services Provided By: | |
| Location of Phone/Radio to Call for Emergency Services: | |
| Pre-entry Notification Required? Y <input type="checkbox"/> N <input type="checkbox"/> | If Yes, To: |

Air Monitoring Equipment Data

Test Equipment: _____

Date Calibrated: _____

Atmospheric Testing Data

| | Acceptable Conditions | Result | Result | Result | Result | Result | Result |
|------------------|-----------------------|---------|---------|---------|---------|---------|---------|
| Time | | : AM/PM | : AM/PM | : AM/PM | : AM/PM | : AM/PM | : AM/PM |
| Oxygen | 19.5% - 23.5% | | | | | | |
| Flammability | < 10% LEL/LFL | | | | | | |
| H ₂ S | < 10 ppm | | | | | | |
| CO | < 25 ppm | | | | | | |
| Other | | | | | | | |
| Other | | | | | | | |
| Tester Initials | | | | | | | |

NOTE: Testing results shall be recorded at a minimum of at least twice per hour, continuous monitoring is required. Attach additional sheets as needed.

Permit Authorization

Entry Authorization by Entry Supervisor

I certify that all precautions and equipment specified by this permit are in place and all atmospheric testing is within allowable limits to allow entry.

Print Name

Signature

Date

Time

Cancellation of Permit

Permit Cancellation by Entry Supervisor

The entry supervisor cancels the permit when the work authorized by the permit is completed or an unacceptable condition has occurred. A copy of the cancelled permit is to be provided to the EHS Department.

Signature

Date

Time

Emergency: Immediately call emergency phone number. **Do not attempt an entry rescue** unless you have been specifically trained and authorized to perform confined space rescue.