

CONFINED SPACE ENTRY PROCEDURES AND PERMIT

This form is to be used for pre-entry assessment and documentation of safety protocols and entry procedures pertaining to confined space entry. Please note that University employees are only authorized to enter a confined space with no documented hazards or with hazards that can be controlled through the use of forced air ventilation alone.

Date: _____ Time: _____ Location: _____

Type of Space: _____ Reason for Entry _____

Approved Barricades in Place Yes ___ No ___ if no, reason _____

Rescue plan in place ___

Hazard Monitoring – Atmosphere

Instrument used for monitoring: _____ S/N _____ Last calibration date _____

Measured Parameter	Initial Reading	Final Reading	Within Safe Limits?	Safe Limit Reference
Oxygen by volume				>19.5% & <23.5%
Percent LFL				<10% LFL
Carbon Monoxide (ppm)				<35 ppm
Hydrogen Sulfide				<1.0 ppm
Other				

Hazard Monitoring – Other

Noise ___ Gas powered equipment (i.e. generator) ___ Other ___
 Heat ___ Water ___
 Electrical ___ Using chemical product in space ___
 Steam ___ Insect/Animal ___

If any of the above are checked, please describe what actions are being taken to eliminate or control the hazard below.

Force air ventilation in use- Yes ___ No ___

If yes, air from a clean source ___

If required, forced air ventilation must run until the hazardous atmosphere is eliminated prior to entry and continue running for the duration of the entry.

Full body harness worn by entrant(s) ___ Full body harness inspected before each use ___

Rescue tripod in use – Yes ___ No ___

Authorized attendant _____ Training received ___

Authorized entrant(s) _____ Training received ___

_____ Training received ___

_____ Training received ___

_____ Training received ___

Time entered _____ Time exited _____

Name of entry supervisor _____ Title _____

Signature _____