Confined Space Entry Permit

Space Description:
1. Location of space: __________________________________________________
2. Permit number (if applicable): ______________
3. Purpose of entry:  __________________________________________________
4. Description of work to be performed: __________________________________________________________________________

B. Hazard Recognition (Assessment):
5. Hazard Assessment previously completed for space?  ❑ Yes ❑ No – If no, complete assessment prior to entry
6. Current hazard assessment reviewed prior to entry?       ❑ Yes ❑ No – If no, review prior to entry
7. Hazards found in keeping with previous assessment?       ❑ Yes ❑ No – If no, complete review of assessment and hazards involved prior to entry
8. Completed assessment attached to entry permit? ❑ Yes ❑ No – If no, attach to permit prior to entry

Safety Work Practice Requirements:  Date / Time  Verified by:
9. Area secured ❑ Yes ❑ No ❑ N/A  __________  ______________________________
10. Piping disconnected: ❑ Yes ❑ No ❑ N/A  __________  ______________________________
11. Lockout / tagout completed ❑ Yes ❑ No ❑ N/A  __________  ______________________________
12. Cleaning (flushing / washing) done ❑ Yes ❑ No ❑ N/A  __________  ______________________________
13. Required purging or venting done ❑ Yes ❑ No ❑ N/A  __________  ______________________________
14. Sources of ignition controlled ❑ Yes ❑ No ❑ N/A  __________  ______________________________
15. Hot work permit obtained ❑ Yes ❑ No ❑ N/A  __________  ______________________________
16. Use of chemicals approved ❑ Yes ❑ No ❑ N/A  __________  ______________________________

Operational and Protective Equipment  Date / Time  Inspected & verified by:
17. Ladder ❑ Yes ❑ No ❑ N/A  __________  ______________________________
18. Full body harness: ❑ Yes ❑ No ❑ N/A  __________  ______________________________
19. Lifeline ❑ Yes ❑ No ❑ N/A  __________  ______________________________
20. Tripod / hoist ❑ Yes ❑ No ❑ N/A  __________  ______________________________
21. Area security (signs / barricades) ❑ Yes ❑ No ❑ N/A  __________  ______________________________
22. Fire extinguisher ❑ Yes ❑ No ❑ N/A  __________  ______________________________
23. Self Contained Breathing Apparatus ❑ Yes ❑ No ❑ N/A  __________  ______________________________
24. Face / eye protection ❑ Yes ❑ No ❑ N/A  __________  ______________________________
25. Gloves – type as required ❑ Yes ❑ No ❑ N/A  __________  ______________________________
26. Foot protection ❑ Yes ❑ No ❑ N/A  __________  ______________________________
27. Air purifying respirator ❑ Yes ❑ No ❑ N/A  __________  ______________________________
28. Ventilation fan or blower: ❑ Yes ❑ No ❑ N/A  __________  ______________________________
29. Communication method (radio, visual, verbal)  
- Yes - No - N/A  
30. Device to summon rescue team  
- Yes - No - N/A  
31. Other (specify)  
- Yes - No - N/A  

### Air Monitoring Device(s) / Data:  

<table>
<thead>
<tr>
<th>Name of Device</th>
<th>Model #</th>
<th>Serial / sequence #</th>
<th>Calibration due date</th>
<th>Pre-use check performed by</th>
</tr>
</thead>
</table>

32. Attendant air sampling required (select one)  
- Continuously  
- Every _____ minutes  

33. Air Sampling results:  

<table>
<thead>
<tr>
<th>Time</th>
<th>Sampled by:</th>
<th>O₂ (19.5 – 23%)</th>
<th>&lt; 10% LEL</th>
<th>&lt; 25 ppm CO</th>
<th>&lt; 10% H₂S</th>
<th>Stratification</th>
<th>Other (specify)</th>
</tr>
</thead>
</table>

### Entrant In / Out Record:  

<table>
<thead>
<tr>
<th>Name</th>
<th>Time In</th>
<th>Time Out</th>
<th>Time In</th>
<th>Time Out</th>
<th>Time In</th>
<th>Time Out</th>
<th>Time In</th>
<th>Time Out</th>
</tr>
</thead>
</table>

### G. Rescue Information:  

34. Type of rescue  
- Manual extraction (i.e. rescue team enters confined space to retrieve personnel?)  
- Extraction via retractable lifeline, which requires one of the following:  
  - Lifeline attached to movable tripod / hoist mechanism  
  - Lifeline attached to fixed point  
  - Specify location: _______________________

35. Communication system in place?  
- Two-way radio  
- Hand signal  
- Verbal

36. Rescue equipment available, inspected and in good condition (Refer to Section C)  
- Yes  
- No

37. Rescue team in place and available to perform rescue if required:  
- Yes  
- No

38. Campus Security called and shown entry location  
- Yes  
- No

39. All rescue team members trained and competent in:  
- On-site rescue procedures  
- First aid – CPR  
- Care, use and control of rescue equipment
Certification:
We the undersigned have reviewed this entry permit, the hazard assessment & are aware of the hazards associated with entering the confined space. We certify that we have read and understand all of the requirements of the confined space entry program, including the rescue plan; that we are competent to complete the work and have received the necessary site specific training (Note: training records must be maintained on file for review as required). Furthermore, we will comply with all of these criteria:

Entrant sign and date:__________________________________  Attendant sign and date:__________________________________
Entrant sign and date:__________________________________  Attendant sign and date:__________________________________
Entrant sign and date:__________________________________  Rescue team member sign and date:________________________
Rescue team member sign and date:________________________
Rescue team member sign and date:________________________
Rescue team member sign and date:________________________
Supervisor sign and date:__________________________________  Permit Issuer sign and date:______________________________