

SUNY Oswego Environmental Health & Safety - Confined Space Entry Permit

EHS x3157 315-312-3157

Occupational Safety x 2770 315-430-0596

University Police x 5555 315-312-5555

Fire Marshal x 3156 315-312-3156

HM# _____

Permit# _____

Is this a PRCS? Y N If no and air monitoring will be done complete sections 1, 4, and 5.
 If no and the non-entry rescue equipment will be used complete section 4, 5 and 6.
 If yes can it be Reclassified Y N If yes contact EHS.

THIS PERMIT MUST BE POSTED AT THE ENTRY PORTAL OR EQUALLY EFFECTIVE MEANS AND IS ONLY VALID FOR ONE SHIFT OR THE DURATION OF THE ENTRY TASK, WHICHEVER IS SHORTER.

Location/Building:	Date:	Time:
Space to be Entered:	Department Conducting Entry:	
Purpose of Entry: <input type="checkbox"/> Inspection Only <input type="checkbox"/> Splicing <input type="checkbox"/> Racking <input type="checkbox"/> Cable Installation <input type="checkbox"/> Valving <input type="checkbox"/> Insulating <input type="checkbox"/> Cleaning Other _____		

1. Pre-Entry Atmospheric Testing Log			2. Potential Hazards (Check All That Apply)	
Meter Type:	Serial Number:		Atmospheric/Chemical Hazards:	Physical Hazards:
Time:	Testing By:			
<input type="checkbox"/> Gas detection meter(s) was bump tested prior to shift's use and calibrated in accordance with manufacturer's requirements.			<input type="checkbox"/> Combustible/Explosive Dust Fibers <input type="checkbox"/> Explosive/Flammable Gases or Vapors <input type="checkbox"/> Oxygen Deficient/Enriched <input type="checkbox"/> Toxic Fumes, Gases or Vapors <input type="checkbox"/> Respirable Dust (i.e. silica, asbestos) <input type="checkbox"/> Chemical Hazards (Circle All That Apply) Acid Alkali Corrosive Instable Oxidizer Radioactive Other _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Engulfment <input type="checkbox"/> Electric; Shock, Arc Flash/Blast <input type="checkbox"/> Fall (i.e. entry point guarding) <input type="checkbox"/> Temperature Extremes (Heat index of <11F, >100F) <input type="checkbox"/> Internal Space Configuration: <input type="checkbox"/> Inwardly Converging Wall(s) <input type="checkbox"/> Sloped Floor to smaller cross-section <input type="checkbox"/> Mechanical/Moving Equipment <input type="checkbox"/> Noise <input type="checkbox"/> Pressurized Piping, Valves or Vessels (i.e. hydraulic, steam, water) <input type="checkbox"/> Other _____
Gas Name	Test Result	Acceptable Levels		
Oxygen (O2)	%	>19.5% - <23.5%		
Lower Explosive Limit (LEL)	%	<10%		
Carbon Monoxide (CO)	PPM	<25 PPM		
Hydrogen Sulfide (H2S)	PPM	<1 PPM		
Other		Consult EHS		

3. Pre-Entry Planning (Check All That Apply)	
A. <input type="checkbox"/> N/A	<input type="checkbox"/> The entry portal(s) and or surrounding area have been barricaded and/or guarded to prevent falls and unauthorized entry.
B. <input type="checkbox"/> N/A	<input type="checkbox"/> The space's atmospheric condition(s) requires purging and or continuous forced-air ventilation to ensure atmospheric hazards are within acceptable levels, if so this space is prohibited from being reclassified.
C. <input type="checkbox"/> N/A	<input type="checkbox"/> Hazardous Energy Sources: Electric Gas Hydraulic Pressure; Air/Steam/Water, etc. Residual/Stored Energy Other(s) _____
D. <input type="checkbox"/> N/A	<input type="checkbox"/> Hazard Elimination and/or Control Method(s): Barrier Block/Blind Flange/Paddle Blind Bleed Drain Physical Disconnection Purge Lock/Tag/Verify Other _____
E. <input type="checkbox"/> N/A	<input type="checkbox"/> Hot Work will be performed in space. Additional Requirements: Continuous Forced Air Ventilation Hot Work Permit
F. <input type="checkbox"/> N/A	<input type="checkbox"/> Attendant/Entrant communication method for entry: Visual Voice Radio/Cell Other _____

G. Pre-entry briefing conducted prior to entry; on space specific hazards, their respective controls, employee's responsibilities and the space entry procedures.

4. Required Equipment (Check All That Apply)	5. Other Equipment (Check All That Apply)
<input type="checkbox"/> Gas Detection Meter/Air Monitor <input type="checkbox"/> Non-Entry Rescue Means (e.g. tripod system) <input type="checkbox"/> Body Harness (Required for all entrants unless it creates an entanglement hazard) <input type="checkbox"/> Forced Air Ventilation-must be utilized where there is likelihood of atmospheric hazards. <input type="checkbox"/> PPE: _____	<input type="checkbox"/> GFCI <input type="checkbox"/> Lighting <input type="checkbox"/> Portable Ladder <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Self-Retracting Lifeline <input type="checkbox"/> Temporary Pedestrian/Traffic Control Device(s) <input type="checkbox"/> Other: _____

6. Emergency and Rescue Planning

<input type="checkbox"/> Non-Entry Rescue; Tripod System <input type="checkbox"/> Contracted Services	Notification to University Police x5555 Prior to Entry _____ and completion _____ *Use Radio and 911 Emergency Procedure to Summon Rescue
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Emergency Contact: Campus Emergency Services 911
 *Prior to entry ensure attendant has effective means of summoning emergency services.

7. Roster: Circle each Authorized **Attendant (A)** and **Entrant (E)** assigned duty and legibly print their name. Each time an Entrant enters or exits the space, the Entrant must record their time of entry and then record their time of exit and initial.

All entrants and attendants have been trained and attend pre-entry briefing.

A/E	Name	In	Out/Initial	In	Out	In	
A/E							
A/E							
A/E							

8. Authorization by Entry Supervisor: I have determined the confined space for which this document permits entry and have found all hazards associated with the space to be controlled, isolated and/or eliminated to allow safe entry. If the above statement is true the Entry Supervisor must print, sign and record the time. If a determination of unacceptable conditions exists do not enter space and contact EHS for additional guidance.

Authorization Time:	Name:	Signature:
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9. Entry Atmospheric Testing: Log readings at beginning and ending of entry *and*, at a minimum of every 2 hours. Ensure atmospheric conditions are maintained at an acceptable level (AL) throughout the entry.

Time	O2 AL: <19.5->23.5%	LEL AL: <10%	CO AL: <25PPM	H2S AL: <1PPM	Other AL: ____	Notes

10. Permit Cancellation by Entry Supervisor: Ensure all entrants exit the space, remove unnecessary equipment/material/tooling from space, and secure space's entryway portal. If the work task is complete remove all hazard isolation/elimination controls, ensure space is ready for safe start up, return space to normal operations and communicate completion to affected personnel.

Cancellation Date:	Time:	Signature:
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11. Post-Entry Notes: Note any problems or unusual events that occurred during the entry for annual permit and program review.

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