

Confined Space Entry Permit

Work Order #					
Date:		Time:		Duration of Permit: (Maximum is 8hours)	
Site location or description:			Notification to University Police Time In:		
Purpose of entry: _____ _____					
Has a Hazard Analysis of the space been conducted?					
Is everyone assigned (Supervisor, Entrant, Attendant, Air Monitor) to the entry been trained?					
*If any of the above answers are no then the event must occur prior to entry.					
Supervisor(s) in charge of crews:		Type of crew (welding, plumbing, etc)		Phone #:	
Communication procedures (including equipment): _____ _____					
Rescue procedures: Non-Entry Rescue or Contracted Rescue Service					
REQUIREMENTS COMPLETED (Put N/A if item doesn't apply)	DATE	TIME	REQUIREMENTS COMPLETED (Put N/A if item doesn't apply)	DATE	TIME
Lockout/De-energize/Try-out			Supplied Air Respirator (N/A if alternate entry)		
Line(s) Broken-Capped-Blank			Respirator(s) (Air Purifying)		
Purge-Flush and Vent			Protective Clothing		
Ventilation			Full Body Harness w/ "D" ring		
Secure Area (Post and Flag)			Emergency Escape Retrieval Equip		
Lighting (Explosive Proof)			Lifelines		
Hotwork Permit			Standby safety personnel		
Fire Extinguishers			Resuscitator—Inhalator (N/A if alternate entry)		
Add other specific information, if needed, or attach additional instructions or requirements. See the following examples in bold print.					
Line(s) to be bled/blanked:					
Ventilation equipment:					
PPE clothing:					
Respirator(s):					
Fire extinguisher(s):					
Emergency retrieval equipment:					

Confined Space Entry Permit

AIR MONITORING									
Substance Monitored	Permissible Levels	Monitoring Results (minimum every 2 hours)							
Time (monitor 1)	Meter read from outside	Top	Mid	Bot	Top	Mid	Bot	Fresh air	
Percent Oxygen	19.5% to 23.5%								
LEL/LFL	Under 10%								
Toxic 1: H2S	10 PPM								
Toxic 2: CO	35 PPM								
Time (monitor 2)	Meter on an Entrant								
Percent Oxygen	19.5% to 23.5%								
LEL/LFL	Under 10%								
Toxic 1: H2S	10 PPM								
Toxic 2: CO	35 PPM								
<p>REMARKS: Continuous Monitoring of the space will be conducted from the exterior of the space (by the attendant/air monitor) as well as the interior of the space (entrant).</p> <p>_____</p> <p>_____</p>									
Air Tester Name	ID#	Instrument(s) Used <small>(For example: oxygen meter, combustible gas indicator, etc.)</small>	Model # or Type	Serial# or Unit					
ATTENDANTS AND ENTRANTS									
Attendant(s) <small>(Required for all confined space work except alternate entry)</small>	ID#	Confined Space Entrant(s)	ID#						
<p>REMARKS:</p> <p>_____</p> <p>_____</p>									
<p>SUPERVISOR AUTHORIZATION - ALL CONDITIONS SATISFIED</p> <p>Signature _____</p> <p>Department or phone number: _____</p> <p>Time permit was cancelled _____ was the cancellation due to job completed? _____ If no why? _____</p> <p>Signature of Entry Supervisor upon cancellation _____</p>									
<p>Notification to University Police upon exit/completion. Time: _____</p>									

At SUNY Oswego University Police is the liaison for all emergency dispatch.