

CONFINED SPACE ENTRY PERMIT

General Information Space to be entered: Location/Building:	Purpose of Entry: Date entered: Time entered: Exit time:
--	--

<p align="center">PERMIT SPACE HAZARDS (Check additional hazards if necessary.)</p> <input type="checkbox"/> Oxygen deficiency (< 19.5%) <input type="checkbox"/> Oxygen enrichment(>23.5%) <input type="checkbox"/> Flammable gases (>10.0%) <input type="checkbox"/> Hydrogen Sulfide(> 10 PPM) <input type="checkbox"/> Carbon Monoxide (> 50 PPM) <input type="checkbox"/> Mechanical Hazards <input type="checkbox"/> Electrical Hazards <input type="checkbox"/> Other:	<p align="center">EQUIPMENT REQUIRED FOR ENTRY (Check all that apply)</p> <p align="center">Personal Protective Equipment:</p> <input type="checkbox"/> Hardhat <input type="checkbox"/> Safetyglasses <input type="checkbox"/> Gloves <input type="checkbox"/> Respirator <input type="checkbox"/> Other: <p align="center">Air Monitoring Equipment</p> <input type="checkbox"/> VENTIS MX4 ON SITE AT ALL TIMES <p align="center">COMMUNICATION</p> <input type="checkbox"/> Radio <input type="checkbox"/> Cell Phone
<p>RESCUE EQUIPMENT</p> <input type="checkbox"/> Tripod/Lanyard ON SITE AT ALL TIMES <input type="checkbox"/> Blower ON SITE AT ALL TIMES	

<p align="center">STEPS TAKEN BEFORE ENTRY (Check all that apply)</p> <input type="checkbox"/> Notification of affected departments <input type="checkbox"/> Isolation Methods <input type="checkbox"/> LOTO <input type="checkbox"/> Ventilate (CONTINUOUS) <input type="checkbox"/> Blank/Blind <input type="checkbox"/> Barriers <input type="checkbox"/> Other:	<p align="center">COMMUNICATION PROCEDURES</p> <hr/> <p align="center">AUTHORIZED ENTRANTS</p> <hr/> <p align="center">AUTHORIZED ATTENDANT</p> <hr/>
--	--

<p>Pre-Entry Briefing</p> <p align="center">EMERGENCY SERVICE</p> <p>ECSU Police Department notified <input type="checkbox"/> before entry (Location is given to dispatch)</p>	<p align="center">IF THERE IS A PROBLEM WITH ANYONE OF THE SAFETY DEVICES DURING THE CONFINED SPACE ENTRY THE ENTRANT IS TO LEAVE THE AREA IMMEDIATELY</p>
--	---

TESTING RECORDS
(TESTING WILL BE CONDUCTED THROUGHOUT THE CONFINED SPACE ENTRY AND WILL BE LOGGED EVERY 15 MINUTES)

Contaminants	Acceptable Levels	ENTER THE TIME IN THE BLOCKS.													
Oxygen	19.5%-23.5%														
Carbon Monoxide	< 50 PPM														
LEL	< 10%														
Hydrogen Sulfide	< 10 PPM														
OTHER															

AUTHORIZATION BY ENTRY SUPERVISOR

I certify that all precautions have been taken and necessary equipment is provided for a safe entry

Printed Name:	Signature:	Date:
---------------	------------	-------

THIS PERMIT MUST REMAIN ON THE JOB SITE FOR THE DURATION ON THE ENTRY