

**OKLAHOMA STATE UNIVERSITY
ENVIRONMENTAL HEALTH & SAFETY
CONFINED SPACE ENTRY PERMIT**

Permit Number _____ Date _____

| | |
|--|--------------------------|
| <u>Location & Description of Confined Space:</u> | <u>Purpose of Entry:</u> |
| | |

| | |
|---|--|
| Scheduled Start _____ a.m. _____ p.m. Day / Date / Time | Scheduled Finish _____ a.m. _____ p.m. Day / Date / Time |
|---|--|

{Check those items below which are applicable to your confined space permit.}

TYPES OF HAZARDS

- | | | |
|--|---|---|
| <input type="checkbox"/> Oxygen-Deficient Atmosphere | <input type="checkbox"/> Engulfment | <input type="checkbox"/> Energized Electrical Equipment |
| <input type="checkbox"/> Oxygen-Enriched Atmosphere | <input type="checkbox"/> Entrapment | <input type="checkbox"/> No Fixed Ladder |
| <input type="checkbox"/> Welding/Cutting | <input type="checkbox"/> Flammable Atmosphere | <input type="checkbox"/> Poor Lighting |
| <input type="checkbox"/> Toxic Atmosphere | <input type="checkbox"/> Hazardous Chemical | <input type="checkbox"/> Poor Footing |

Note: If welding/cutting operations are to be performed, attach Hot Work Permit.

SAFETY PRECAUTIONS

- | | | |
|---|--|---|
| <input type="checkbox"/> Atmospheric testing (periodic or continuous) | <input type="checkbox"/> Protective Gloves (type in remarks) | <input type="checkbox"/> Surveillance (visual / verbal / radio) |
| <input type="checkbox"/> Safety hoist | <input type="checkbox"/> Barricade Job Area | <input type="checkbox"/> Signs Posted |
| <input type="checkbox"/> SCBA | <input type="checkbox"/> Safety Harness / Lifelines | <input type="checkbox"/> Clearances Secured |
| <input type="checkbox"/> Air-Line Respirator | <input type="checkbox"/> Respirators (type in remarks) | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Fire-Retardant Clothing | <input type="checkbox"/> Lockout/Tagout | <input type="checkbox"/> Ground Fault Interrupter |
| <input type="checkbox"/> Ventilation (prior or continuously) | <input type="checkbox"/> Fire Extinguishers | <input type="checkbox"/> PPE other (type in remarks) |

Remarks:

| | | |
|--|-----|----|
| Scope of work for entry: | | |
| Hot work authorized: | YES | NO |
| Authorized Entrants: | | |
| Authorized Attendants: | | |
| Can Entrants and Attendants alternate positions: | YES | NO |
| Pre-Entry Authorization: | | |

VERIFICATION RECORD

Minimum conditions for entry verified? Yes No

| | | | |
|-------------------------------|---------------------|---------------------------|-------------------------------|
| Oxygen | Between 19.5%-23.5% | Flammable dusts | Visibility > 5 ft. |
| Flammable gases | < 10% of LEL | Engulfment hazards | None present |
| Hydrogen sulfide (H2S) | < 10 ppm | Hazardous flows | Secured and locked/tagged out |
| Carbon monoxide (CO) | < 35 ppm | Hazardous energies | Secured and locked/tagged out |
| Other toxic substances | < PEL for substance | External hazards | Controlled |

ENVIRONMENTAL CONDITIONS PRIOR TO ENTRY

TESTS TO BE TAKEN

DATE / TIME

RE-TESTING

DATE / TIME

Oxygen: _____ % _____ a/p Lower Explosive Limit: _____
_____% _____ a/p Toxic Atmosphere: _____

Instruments Used: _____

Oxygen: _____ % _____ a/p Lower Explosive Limit: _____
_____% _____ a/p Toxic Atmosphere: _____

Instruments Used: _____

 Employee Conducting Safety Checks  **SIGNATURE:** _____

Remark on the overall condition of the confined space.

Entry Authorization

All actions and/or conditions for safe entry have been performed.
Person in charge
of entry (please print): _____

Entry Cancellation

Entry has been completed and all entrants have exited permit space.
Person in charge
of entry (please print): _____

Continuous Atmospheric Monitoring (should be conducted every 30 minutes after initial reading)

Performed by: _____ Date: _____

Instruments Used: _____

 Employee Conducting Safety Checks 

SIGNATURE: _____

| Location/Time | Oxygen (%) | LEL (%) | CO (ppm) | H ₂ S (ppm) |
|---------------|------------|---------|----------|------------------------|
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