

CONFINED SPACE ENTRY PERMIT

A. Confined Space Location _____ Purpose of Entry _____

Dept. Entering _____ Date _____ Time: _____ Entry _____

Building & Description of Space _____ Exit _____

| | |
|--|-----------------------------|
| B. Potential Hazards (check all that apply) | C. Monitoring Record |
|--|-----------------------------|

| | | |
|--------------------------|-------------------------------------|-------------|
| <input type="checkbox"/> | Oxygen (O ₂) deficiency | <19.5% |
| <input type="checkbox"/> | Oxygen enrichment | >23.5% |
| <input type="checkbox"/> | Combustible vapors | >10% of LEL |
| <input type="checkbox"/> | Carbon Monoxide (CO) | >25ppm |
| <input type="checkbox"/> | Hydrogen Sulfide (H ₂ S) | >10ppm |
| <input type="checkbox"/> | Electrical shock | |
| <input type="checkbox"/> | Hot work | |
| <input type="checkbox"/> | Engulfment/Drowning | |
| <input type="checkbox"/> | Moving mechanical equipment | |
| <input type="checkbox"/> | Heat stress | |
| <input type="checkbox"/> | Biohazards | |
| <input type="checkbox"/> | Chemical Contact | |

| Time* | %O ₂ | % LEL | CO (ppm) | H ₂ S (ppm) | Initials |
|-------|-----------------|-------|----------|------------------------|----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

*Monitor top, middle, and bottom of space for each

Monitoring Equipment _____

Calibration Date _____

| | |
|--------------------------------------|------------------------------------|
| D. Safety Equipment Checklist | E. Hazard Control Checklist |
|--------------------------------------|------------------------------------|

| <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Hard Hat</td> <td><input type="checkbox"/> Foot protection</td> </tr> <tr> <td><input type="checkbox"/> Safety Eyewear</td> <td><input type="checkbox"/> Protective clothing</td> </tr> <tr> <td><input type="checkbox"/> Air-supplied Respirator</td> <td><input type="checkbox"/> First aid kit</td> </tr> <tr> <td><input type="checkbox"/> Air-purifying Respirator</td> <td><input type="checkbox"/> Fire extinguisher-ABC</td> </tr> <tr> <td><input type="checkbox"/> Type of resp. cartridge:</td> <td><input type="checkbox"/> Traffic barricades</td> </tr> <tr> <td>HEPA <input type="checkbox"/> Org. Vapor <input type="checkbox"/></td> <td><input type="checkbox"/> GFCI</td> </tr> <tr> <td>Acid Gas <input type="checkbox"/> Ammonia <input type="checkbox"/></td> <td><input type="checkbox"/> Low voltage lights</td> </tr> <tr> <td><input type="checkbox"/> Harness/lifeline/hoist</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Spark proof tools</td> <td></td> </tr> </table> | <input type="checkbox"/> Hard Hat | <input type="checkbox"/> Foot protection | <input type="checkbox"/> Safety Eyewear | <input type="checkbox"/> Protective clothing | <input type="checkbox"/> Air-supplied Respirator | <input type="checkbox"/> First aid kit | <input type="checkbox"/> Air-purifying Respirator | <input type="checkbox"/> Fire extinguisher-ABC | <input type="checkbox"/> Type of resp. cartridge: | <input type="checkbox"/> Traffic barricades | HEPA <input type="checkbox"/> Org. Vapor <input type="checkbox"/> | <input type="checkbox"/> GFCI | Acid Gas <input type="checkbox"/> Ammonia <input type="checkbox"/> | <input type="checkbox"/> Low voltage lights | <input type="checkbox"/> Harness/lifeline/hoist | <input type="checkbox"/> Other | <input type="checkbox"/> Spark proof tools | | <table style="width: 100%;"> <thead> <tr> <th style="text-align: center;">Yes</th> <th style="text-align: center;">N/A</th> <th></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td>Warning signs posted & barricade in place?</td> </tr> <tr> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td>Ventilation</td> </tr> <tr> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td>Mechanical systems locked out and tagged?</td> </tr> <tr> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td>Electrical systems locked out and tagged?</td> </tr> <tr> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td>Piping blanked or disconnected?</td> </tr> <tr> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td>Ignition sources isolated?</td> </tr> <tr> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td>Communication system (specify)___</td> </tr> <tr> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td>Other controls (specify) _____</td> </tr> </tbody> </table> | Yes | N/A | | ___ | ___ | Warning signs posted & barricade in place? | ___ | ___ | Ventilation | ___ | ___ | Mechanical systems locked out and tagged? | ___ | ___ | Electrical systems locked out and tagged? | ___ | ___ | Piping blanked or disconnected? | ___ | ___ | Ignition sources isolated? | ___ | ___ | Communication system (specify)___ | ___ | ___ | Other controls (specify) _____ |
|---|--|--|---|--|--|--|---|--|---|---|---|-------------------------------|--|---|---|--------------------------------|--|--|---|-----|-----|--|-----|-----|--|-----|-----|-------------|-----|-----|---|-----|-----|---|-----|-----|---------------------------------|-----|-----|----------------------------|-----|-----|-----------------------------------|-----|-----|--------------------------------|
| <input type="checkbox"/> Hard Hat | <input type="checkbox"/> Foot protection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Safety Eyewear | <input type="checkbox"/> Protective clothing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Air-supplied Respirator | <input type="checkbox"/> First aid kit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Air-purifying Respirator | <input type="checkbox"/> Fire extinguisher-ABC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Type of resp. cartridge: | <input type="checkbox"/> Traffic barricades | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HEPA <input type="checkbox"/> Org. Vapor <input type="checkbox"/> | <input type="checkbox"/> GFCI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acid Gas <input type="checkbox"/> Ammonia <input type="checkbox"/> | <input type="checkbox"/> Low voltage lights | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Harness/lifeline/hoist | <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Spark proof tools | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___ | ___ | Warning signs posted & barricade in place? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___ | ___ | Ventilation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___ | ___ | Mechanical systems locked out and tagged? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___ | ___ | Electrical systems locked out and tagged? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___ | ___ | Piping blanked or disconnected? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___ | ___ | Ignition sources isolated? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___ | ___ | Communication system (specify)___ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___ | ___ | Other controls (specify) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

G. Authorization For Entry

I certify that all precautions have been taken as required by the WSU Confined Space Entry Program for safe entry and work in this confined space.

All hazards listed above have been removed and space has been declassified to "non-permit"

All hazards except potential atmospheric hazards have been removed, ventilation and monitoring is in place for "alternate procedures entry"

Permitted confined space, all precautions apply

Entry Supervisor: (signature) _____ Date: _____

CONFINED SPACE ENTRY PERMIT AND CHECKLIST

Pre-Entry Checklist

Date: _____ Time: _____

Location and Description of Confined Space: _____

Purpose of Entry: _____

| ISOLATION CHECKLIST | Yes | No | N/A | Time | Inspected by: |
|--|-----|----|-----|------|---------------|
| Electrical | | | | | |
| Pumps off and locked out | | | | | |
| Lines disconnected, blinded or blocked | | | | | |
| Valves shut and locked/tagged out | | | | | |

| VENTILATION CHECKLIST | Yes | No | N/A | Time On | Inspected by: |
|--------------------------|-----|----|-----|---------|---------------|
| Mechanical | | | | | |
| Natural ventilation only | | | | | |

| AIR MONITORING | Time | Result | Within Safe Parameters | | Signature |
|------------------------|------|--------|------------------------|----|-----------|
| | | | Yes | NO | |
| Oxygen | | | | | |
| Flammable gases (LEL) | | | | | |
| Carbon monoxide | | | | | |
| Instrument calibration | | | | | |

Warning: If any "No" block is checked or air quality is not within safe parameters, entry is not permitted. Contact EHS before entering the space.

Authorizing Supervisor's signature: _____

Authorizing EHS signature: _____

PERMIT REQUIRED CONFINED SPACE ENTRY PERMIT AND CHECKLIST

Entry Checklist

Date: _____ Time: _____

Location and Description of Confined Space: _____

Purpose of Entry: _____

Entrant(s): _____

Attendant(s): _____

| Action | Check | Initial |
|---|-------|---------|
| Notify Environmental Health and Safety Office 3 days in advance of project | | |
| Are all employees involved properly trained? | | |
| Has area been ventilated for at least 10 minutes prior to entry | | |
| Assign one person to carry monitoring device for oxygen, LEL an carbon monoxide | | |
| | | |
| | | |
| | | |
| | | |

Warning: There can be no hazardous atmospheres within the confined space whenever a employee is inside. If a hazardous atmosphere is detected while in the workspace, each employee must leave the confined space immediately.

Authorizing Supervisor Signature: _____

Completion of Project Date: _____ Time: _____

Supervisor Signature of Permit Cancellation: _____

PERMIT REQUIRED CONFINED SPACE ENTRY PERMIT AND CHECKLIST

Attendant Checklist

Date: _____

Time: _____

Location and Description of Confined Space: _____

| ENTRANT(S) | Time | | Initials |
|------------|------|-----|----------|
| | In | Out | |
| | | | |
| | | | |
| | | | |
| | | | |

| ATTENDANT AIR MONITORING | Oxygen | Flammable Gases (LEL) | Carbon Monoxide | Initials |
|--------------------------|--------|-----------------------|-----------------|----------|
| Time: | | | | |
| Time: | | | | |
| Time: | | | | |
| Time: | | | | |
| Time: | | | | |
| Time: | | | | |
| Time: | | | | |
| Time: | | | | |

Warning: There can be no hazardous atmospheres within the confined space whenever an employee is inside. If a hazardous atmosphere is detected while in the workspace, each employee must leave the confined space immediately.

Attendant(s) Signature: _____