**WESTERN OREGON UNIVERSITY**

**Physical Plant Services**

**Confined Space Entry**

**ENTRY PERMIT**

Location:

Date: Time Permit Issued:

Permit Authorized by (Supervisor):

Time Permit Expires:

Describe Job:

Describe Potential Hazards:

Isolation Measures – hazards control taken (purging, ventilating, etc): \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Entrants:

Have the following precautions been taken? **Circle one that applies to task**

1. Are the entry, standby, and rescue personnel properly **Yes No N/A**

trained in CSE procedures, emergency action, required

PPE selection, use, limitations, maintenance; and Hazard

Communication?

2. Have confined space interconnections, electrical switches **Yes No N/A**

been completely isolated, locked out, tagged and tested?

3. Does the entry person have the only key to the lock? **Yes No N/A**

4. Has proper rescue equipment been fitted to the entrant? **Yes No N/A**

5. Have all sections of the space been monitored, ventilated,

and re-monitored for: **Yes No N/A**

**MONITOR READINGS:** **Pre. Mid Exit**

1. Co? less than 25 ppm) \_\_\_ \_\_\_ \_\_\_
2. H25? “ Hydrogen Sulfide” (less than 10 ppm) \_\_\_ \_\_\_ \_\_\_
3. Oxygen? (19.5 to 23.5 %) \_\_\_ \_\_\_ \_\_\_
4. LEL/Ch4? (less than 10% required) \_\_\_ \_\_\_ \_\_\_

6. Have current MSDS(s) of products been reviewed by those

involved? **Yes No N/A**

7. Has space been set up for ventilation for full work period? **Yes No N/A**

8. Has proper PPE been specified for use, checked for fit? **Yes No N/A**

9. Have entry persons been equipped with oxygen/LEL/CO **Yes No N/A**

monitors and emergency escape respirators?

10. Have proper tools been specified and workers equipped? **Yes No N/A**

11. Has proper lighting equipment been provided? **Yes No N/A**

12. Has standby personnel been provided? **Yes No N/A**

13. Appropriate signs & barricades in place and personnel

notified? **Yes No N/A**

14. Is hot work to be done? **Yes No N/A**

15. Have special procedures been satisfied? (Local ventilation, **Yes No N/A**

monitoring combustibles/flammables removed).

16. Precautions taken to prevent creation of hazardous **Yes No N/A**

atmosphere while entry personnel are in the confined space

(such as local ventilation, monitoring, escape provisions)?

17. Supervisor has reviewed all procedures particular to this **Yes No N/A**

specific task?

18. Are rescue and standby personnel on site, and in **Yes No N/A**

communication?

Entry Supervisor:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

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Printed Name and Title Date