

Oregon State University Confined Space Entry Permit

In an emergency contact Public Safety on the radio who will in turn contact the Corvallis Fire Department for rescue.

Date _____ Authorized Duration of Entry _____
 Permit Space Location _____
 Reason for Entry _____

This permit is to remain at the job site during entry and returned to supervisor when job is complete.

Section 1 – C(5) Space (atmospheric hazard only)

(Examples: communication, electrical, or water backflow valve vaults; electrical vaults at Dearborn; steam vaults without steam leak or pooled water; tank at Magruder Hall; well pump vaults at agricultural locations)

1. Yes No Is the confined space free of hazards such as drifting vapors from tanks, or piping?
2. Yes No Has mechanical ventilation been set up and fresh air being pumped into the space?
3. Yes No Are you trained in operation of the gas monitor being used?
4. Yes No Has a functional (bump) test been performed this shift on the gas monitor to be used?
5. Yes No Did you test the atmosphere of the confined space prior to entry?
6. Yes No Did the atmosphere check as acceptable (no alarms given)? Record in section 5.

If any boxes in lines 1-6 are checked No, do not enter the confined space. Contact your immediate supervisor or Environmental Health & Safety.

7. Is there standing water in the confined space?
 No – entry can be made under c(5) conditions (items 1-6 must all be checked Yes).
 Yes
 7a. If Yes, has water been removed without entering space (by lowering pump, etc)
 Yes – entry can be made under c(5) conditions.
 No – Full permit required

Section 2 – Full Permit Required Space

(Examples: Boilers and fuel storage tanks at Heat Plant; acid neutralization tank at ALS; sewer access; specific access tunnels off main steam tunnel; steam vaults with active steam leak or pooled water; steam tunnel pump vaults; 120 pound steam line vault on Intramural Way; pump pit at greenhouse; boiler at Hyslop farm, elevator pits over 4 feet deep)

Required Pre-Entry Notification: Public Safety-- Radio or 7-3010
 And Request Public Safety to notify Corvallis Fire Department Dispatch

Start Time _____ End Time _____ Notify Public Safety that entry is complete

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"/> Toxic atmosphere | <input type="checkbox"/> Entrapment |
| <input type="checkbox"/> Welding, brazing or cutting | <input type="checkbox"/> Flammable atmosphere | <input type="checkbox"/> Hazardous chemical |

Note: If welding, brazing or cutting operations are to be performed, fill out Section 3

Safety Precautions and Equipment

- | | | |
|--|---|--|
| <input type="checkbox"/> Ventilation (_____ CFM) | <input type="checkbox"/> Cartridge respirator | <input type="checkbox"/> Fire-retardant clothing |
| <input type="checkbox"/> Atmospheric monitor | <input type="checkbox"/> Air-line respirator | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Radio | <input type="checkbox"/> SCBA | <input type="checkbox"/> GFCI |
| <input type="checkbox"/> Harness | <input type="checkbox"/> Eye Protection | <input type="checkbox"/> Fire extinguisher |
| <input type="checkbox"/> Lifeline | <input type="checkbox"/> Gloves | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Tripod | <input type="checkbox"/> Hearing protection | |

Isolation Procedures (initial each when completed OR mark "NA")

- | | | |
|--------------------------------|---------------------------|------------------|
| ____ Traffic control/barricade | ____ Hydraulic isolation | ____ Other _____ |
| ____ Signs posted | ____ Mechanical isolation | |
| ____ Electrical lockout/tagout | | |
| ____ Pneumatic isolation | | |

Section 3 – Hot Work Procedures

(This section to be completed only if welding or cutting is being performed)

Welding Vessel Preparation:

- Cleaning
- Flushing
- Surfaces wetted down
- Ventilation purge _____ min
- Fire watch to remain in effect _____ minutes after completion of hot work

Special Work Procedures:

- Tools inspected for frayed or broken wires
- No cylinders or large equipment brought into space
- No smoking
- Entry or exit not blocked with equipment
- Shut down during breaks or overnight

Hot Work Entrants: _____

Hot work Entry Supervisor (sign, add date and time) _____

Hot Work permit cancelled (sign, add date and time): _____

Section 4 – Authorizations

Entry supervisor (please print) _____

Attendant: _____

Entrant(s) (list by name): _____

Confined Space Entry Supervisor. I certify that all the pre-entry conditions listed on this permit have been met and the space is safe to enter (sign, add date and time).

Confined Space Permit cancelled (date/time/signature): _____

Section 5 – Initial Atmospheric Monitoring

Date:		
Time:		
Gas	Limits	Result
Oxygen	19.5 – 23.5 %	
% LEL	10% of LEL	
Toxic 1 (carbon monoxide)	less than 25 ppm	
Toxic 2 (hydrogen sulfide)	less than 10 ppm	

Time	Oxygen 19.5 - 23.5 %	% LEL 10% of LEL	Carbon monoxide less than 25 ppm	Hydrogen sulfide less than 10 ppm

Continue monitoring using Atmospheric Monitoring Sheet