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

☐ Oxygen deficient atmosphere	☐ Engulfment	☐ Energized electrical equipment
☐ Oxygen-enriched atmosphere	☐ Toxic atmosphere	☐ Entrapment
☐ Welding, brazing or cutting	☐ Flammable atmosphere	☐ Hazardous chemical

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

Safety Precautions and Equipment

☐ Ventilation (_____ CFM)	☐ Cartridge respirator	☐ Fire-retardant clothing
☐ Atmospheric monitor	☐ Air-line respirator	☐ Lighting
☐ Radio	☐ SCBA	☐ GFCI
☐ Harness	☐ Eye Protection	☐ Fire extinguisher
☐ Lifeline	☐ Gloves	☐ Other:_____
☐ Tripod	☐ 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

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

☐ **Fire watch to remain in effect _____ minutes after completion of hot work**

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