

## Confined Space Entry Permit

\*\*\* Dial 9-1-1 in an emergency situation. Alternatively, request aid through OSU Public Safety via a radio. \*\*\*

THIS PERMIT MUST BE COMPLETED AND SIGNED PRIOR TO ALL CONFINED SPACE ENTRIES & RETAINED FOR AT LEAST 1 YEAR

1. IDENTIFICATION	DATE:	ENTRY DURATION:												
	CONFINED SPACE NAME / LOCATION:													
2. DESCRIPTION OF WORK														
3. HOT WORK	WILL HOT WORK BE CONDUCTED IN THE SPACE?    YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, attach a copy of the completed Hot Work Permit                      HOT WORK PERMIT NO: <input style="width: 100px;" type="text"/>													
4. PHYSICAL HAZARDS	ENGULFMENT:    YES <input type="checkbox"/> NO <input type="checkbox"/>	CONFIGURATION:    YES <input type="checkbox"/> NO <input type="checkbox"/>												
	VIBRATION:    YES <input type="checkbox"/> NO <input type="checkbox"/>	RADIATION:    YES <input type="checkbox"/> NO <input type="checkbox"/>												
	NOISE:    YES <input type="checkbox"/> NO <input type="checkbox"/>	THERMAL:    YES <input type="checkbox"/> NO <input type="checkbox"/>												
	OTHER(S):    YES <input type="checkbox"/> NO <input type="checkbox"/>	WATER:    YES <input type="checkbox"/> NO <input type="checkbox"/>												
	DESCRIBE: _____													
5. ISOLATION (PRE-ENTRY)	ELECTRICAL ISOLATION:    YES <input type="checkbox"/> NO <input type="checkbox"/>	HYDRAULIC ISOLATION:    YES <input type="checkbox"/> NO <input type="checkbox"/>												
	MECHANICAL ISOLATION:    YES <input type="checkbox"/> NO <input type="checkbox"/>	PNEUMATIC ISOLATION:    YES <input type="checkbox"/> NO <input type="checkbox"/>												
	OTHER:    YES <input type="checkbox"/> NO <input type="checkbox"/> DESCRIBE: _____													
6. ATMOSPHERIC TESTING (CONTROLS IN PLACE)	GAS METER # _____	DOES GAS METER INDICATE "CALIBRATION DUE?"    YES <input type="checkbox"/> NO <input type="checkbox"/>												
	TIME: _____	replace meter with alternative if calibration is due												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">H2S &lt; 10 ppm</th> <th style="width: 15%;">LEL &lt; 10 %</th> <th style="width: 15%;">CO &lt; 25 ppm</th> <th colspan="2" style="width: 20%;">% O2 (+/- 0.2% difference)</th> <th style="width: 30%;">OTHER(S)</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td style="text-align: center;">outside</td> <td style="text-align: center;">inside</td> <td></td> </tr> </table>	H2S < 10 ppm	LEL < 10 %	CO < 25 ppm	% O2 (+/- 0.2% difference)		OTHER(S)				outside	inside		
	H2S < 10 ppm	LEL < 10 %	CO < 25 ppm	% O2 (+/- 0.2% difference)		OTHER(S)								
			outside	inside										
7. PURGING AND VENTILATION	PURGING REQUIRED:    YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, GAS USED: _____													
	NATURAL / FRESH AIR:    YES <input type="checkbox"/> NO <input type="checkbox"/>	MECHANICAL VENTILATION:    YES <input type="checkbox"/> NO <input type="checkbox"/>												
8. COMMUNICATION	CONTINUOUS COMMUNICATION HAS BEEN ESTABLISHED PRIOR TO ENTRY?    YES <input type="checkbox"/>													
	RADIO <input type="checkbox"/> LIFELINE <input type="checkbox"/> VISUAL <input type="checkbox"/> VERBAL <input type="checkbox"/> CELL PHONE <input type="checkbox"/> other: _____													
9. EMERGENCY PLANS	NOTIFIED OSU PUBLIC SAFETY BEFORE ENTRY?    (541-737-3010 or radio)    YES <input type="checkbox"/> <b>Note:</b> Dial 9-1-1 in an emergency situation. Alternatively, contact OSU Public Safety by radio.													
10. PPE & OTHER EQUIPMENT	BOOTS <input type="checkbox"/>	LADDER <input type="checkbox"/>	EYE PROTECTION <input type="checkbox"/>	FIRST AID <input type="checkbox"/>										
	GLOVES <input type="checkbox"/>	HELMET <input type="checkbox"/>	HEARING PROTECTION <input type="checkbox"/>	COVERALLS <input type="checkbox"/>										
	SIGNAGE <input type="checkbox"/>	LIGHTING <input type="checkbox"/>	RETRIEVAL SYSTEM <input type="checkbox"/>	BARRICADES <input type="checkbox"/>										
	OTHER: _____		FIRE EXTINGUISHER <input type="checkbox"/>	CHEMICAL SUIT <input type="checkbox"/>										

FORM CONTINUES ON PAGE 2

**Environmental Health & Safety**

11. ALTERNATE ENTRY	HAVE ALL PHYSICAL HAZARDS, IF ANY, BEEN ELIMINATED PRIOR TO ENTRY? YES <input type="checkbox"/> NO <input type="checkbox"/>						
	ARE ALL ATMOSPHERIC HAZARDS UNDER CONTROL? YES <input type="checkbox"/> NO <input type="checkbox"/>						
	<p>IF ANSWER TO <b>BOTH</b> QUESTIONS ABOVE IS <b>YES</b>, YOU MAY PROCEED WITH ALTERNATE ENTRY, DISREGARD SECTION 13b; an attendant is not required.</p> <p><b>Exception:</b> Alternate entry cannot be used to enter a continuous system unless you can positively isolate the area to be entered from the rest of the space <b>or</b> can demonstrate and document that the conditions which caused the hazard no longer exist within the system during the entry.</p>						
12. ATMOSPHERIC MONITORING	<b>TIME</b>	<b>H2S</b> <small>&lt; 10 ppm</small>	<b>LEL</b> <small>&lt; 10 %</small>	<b>CO</b> <small>&lt; 25 ppm</small>	<b>O2</b> <small>19.5 - 23.5%</small>	<b>OTHER(S)</b>	
13. PERSONNEL	a. ENTRANT(S)			TIME IN	TIME OUT	TIME IN	TIME OUT
b. ATTENDANT(S)			START	STOP	START	STOP	
Attendants may only leave the entrance if relieved by another authorized attendant							
DEPARTMENT SUPERVISOR: _____ <div style="display: flex; justify-content: space-between; width: 100%;"><span>print</span><span>phone contact</span></div>							
14. AUTHORIZATION	<p>I confirm that acceptable entry conditions have been met prior to entry. Furthermore, I confirm the authorized entrants, attendants, and I have received appropriate training to acquire the understanding, knowledge and skills necessary to perform our duties according to our assigned duties.</p> <p><b>Entry Supervisor:</b> _____ <div style="display: flex; justify-content: space-between; width: 100%;"><span>print</span><span>sign</span><span>date</span><span>time</span></div></p>						
15. PERMIT CANCELLATION	<p><b>THE AREA HAS BEEN MADE SAFE, ALL PERSONNEL NAMED ABOVE AND TOOLS / EQUIPMENT HAVE EXITED THE SPACE. THIS JOB IS NOW CLOSED.</b></p> <p><b>Entry Supervisor:</b> _____ <div style="display: flex; justify-content: space-between; width: 100%;"><span>print</span><span>sign</span><span>date</span><span>time</span></div></p> <p>OSU PUBLIC SAFETY NOTIFIED OF ENTRY TERMINATION? YES <input type="checkbox"/></p>						
16. REVIEW	<p>I have reviewed this permit within 1 year of cancellation in order to evaluate the effectiveness of the permit program and the protection provided to employees entering permit spaces. See any comments below in the notes section.</p> <p><b>Dept. Supervisor:</b> _____ <div style="display: flex; justify-content: space-between; width: 100%;"><span>print</span><span>sign</span><span>date</span></div></p> <p>COPY / SCAN OF REVIEWED PERMIT FORWARDED TO EH&amp;S? YES <input type="checkbox"/></p>						
17. NOTES	<p>_____</p> <p>_____</p> <p>_____</p>						