CONFINED SPACE ENTRY PERMIT

This permit is valid for eight (8) hours only on date issued.

ENTRY LOCATION AND DESCRIPTION: _____ **DATE:** _____

SPACE HAZARDS: _____ **TIME:** _____

PURPOSE FOR ENTRY: _____

AUTHORIZED PERSON(S) ENTERING (list all): _____

DEPARTMENT/SHOP/CONTRACTOR: _____ **EXPIRATION:** _____

SIGNATURE OF SUPERVISOR IN CHARGE OF WORK: _____

SAFETY MEASURES

	Y	N	NA		Y	N	NA
Lockout / De-Energize / Check				Full-Body Harness with D-Ring and Lifeline			
Lines Broken / Capped / Blanked				Emergency Retrieval Equipment (tripod)			
Purge, Flush, and Vent				Communications			
Ventilation				Fire Extinguishers			
Secure Area (post and flag)				Lighting (explosion-proof)			
Breathing Apparatus				Protective Clothing			
Resuscitator-Inhalator				Respirator (air-purifying)			
Burning and Welding ("hot-work") Permit (*separate form)*				Other(s) (specify):			

TEST RESULTS

Test Type	P.E.L. *	Y	N	Pre-Entry Conc. & Time	Re-Test and Record Concentration at Least Every Two Hours	Final Conc.
Percent Oxygen	19.5–21.0 %				Time: ppm:	
Percent L.E.L.	< 10 %				Time: ppm:	
Carbon Monoxide (CO)	< 35 ppm				Time: ppm:	
Aromatic Hydrocarbons	< 1 ppm				Time: ppm:	
Hydrogen Sulfide (H_2S)	< 10 ppm				Time: ppm:	
Sulfur Dioxide (SO_2)	< 2 ppm				Time: ppm:	
Ammonia (NH_3)	< 25 ppm				Time: ppm:	

"P.E.L." = Permissible Entry Level "L.E.L." = Lower Explosive Limit

ENTRY IS PROHIBITED IF ANY ATMOSPHERIC LEVELS OF CONTAMINANTS ARE EXCEEDED OR OXYGEN IS NOT WITHIN A SPECIFIED RANGE.

PERSON CONDUCTING TESTS _____

MONITORING INSTRUMENT(S) USED:

NAME **TYPE** **IDENTIFICATION NUMBER**

_____

ATTENDANT/STANDBY PERSON (Required) _____

********** ***EMERGENCIES: CALL - 274-3333*** **********

Print three (3) copies:

1. **Post at job site until work is completed.**
2. **Enter in supervisor file**
3. **Send to Ithaca College Office of Environmental Health and Safety after job is complete.**