

## Cleveland State University Confined Space Entry Permit

<b>Location of Confined Space and Purpose of Entry</b>	Date:
Atmospheric Hazards: <input type="checkbox"/> Oxygen Deficiency <input type="checkbox"/> Flammable <input type="checkbox"/> Toxic	Duration:
Physical Hazards: <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Chemical <input type="checkbox"/> Engulfment <input type="checkbox"/> Other If other explain:	Expires:

### PRE-ENTRY CHECKLIST

<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Entry area free of debris	<input type="checkbox"/>	<input type="checkbox"/>	Non sparking tools
<input type="checkbox"/>	<input type="checkbox"/>	Warning barriers and signs in place	<input type="checkbox"/>	<input type="checkbox"/>	Low voltage lighting used
<input type="checkbox"/>	<input type="checkbox"/>	Space : Purged, Flushed, vented	<input type="checkbox"/>	<input type="checkbox"/>	Electrical equipment explosive Proof
<input type="checkbox"/>	<input type="checkbox"/>	Area barricaded and secured	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation
<input type="checkbox"/>	<input type="checkbox"/>	Lockout/Tagout	<input type="checkbox"/>	<input type="checkbox"/>	Energy Sources isolated
<input type="checkbox"/>	<input type="checkbox"/>	Lines broken, capped, blanked	<input type="checkbox"/>	<input type="checkbox"/>	Electrical equipment Grounded (GFCI)
<input type="checkbox"/>	<input type="checkbox"/>	Hot work permit issued	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher(s) available

### ATMOSPHERIC CHECKS

Instrument Type	Acceptable Entry Conditions TIME ⇒ PEL	Measurement				
Oxygen	19.5-23.5%					
Carbon Monoxide	Less then 50 ppm					
Hydrogen Sulfide	Less then 20 ppm					
LEL	Less then 10%					

Atmospheric Tester: \_\_\_\_\_ Print \_\_\_\_\_ Sign \_\_\_\_\_ Date

### PROTECTIVE EQUIPMENT

<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hard Hat		Protective Clothing		Communication Equipment
<input type="checkbox"/>	Eye/Face Protection	<input type="checkbox"/>	Hearing Protection	<input type="checkbox"/>	Respirator Type: _____
<input type="checkbox"/>	Retrieval devices	<input type="checkbox"/>	Harness and Lifelines	<input type="checkbox"/>	Fire extinguisher type: _____
<input type="checkbox"/>	Safety Shoes				

All Outside contractors will provide a copy of their Confined Space Entry Program and will confirm that all employees have been trained to OSHA Standards.

I CERTIFY THAT ALL NECESSARY PRECAUTIONS HAVE BEEN TAKEN TO MAKE THIS CONFINED SPACE SAFE FOR CONDUCTING THE PRESCRIBED WORK DURING THE PRESCRIBED TIME AS WELL AS EMERGENCY PROCEDURES.

Entry Supervisor: \_\_\_\_\_ Print \_\_\_\_\_ Sign \_\_\_\_\_ Date

Attendant: \_\_\_\_\_

Entrant(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Job Completed:    YES     NO     REMARKES:

Job Terminated:    YES     NO     If YES STATE REASON FOR TERMINATION:

**Campus Emergency Phone Number: 687-2111**