

PURDUE UNIVERSITY

Confined Space Entry Permit

Department/Shop: _____ Permit # _____
 Location: _____
 Description of work to be done: _____

ATMOSPHERIC AND ENGULFMENT HAZARDS

Check all expected hazards:

- Oxygen deficiency (< 19.5%)
- Fire hazard (more than 23.5% oxygen or more than 10% of the LEL)
- Toxic gases, vapors, or dust (greater than PEL or TLV)
- Heat stress/Engulfment
- Other _____
- Hot Work Permit (to be attached – obtained from FES)

ENTRY TEAM DUTIES

Check and identify all that apply:

ENTRY SUPERVISOR	ENTRANT	ATTENDANT	NAME
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

SAFETY CONTROLS AND COMMUNICATION PROCEDURES

EQUIPMENT REQUIRED FOR ENTRY:

- Fall protection equipment
- Air mover/ventilator
- GFCI
- Hearing Protection
- Eye Protection
- Hard Hat
- Other Personal Protective Equipment: _____

ISOLATION:

- Electrical equipment locked out and tagged
- Mechanical equipment locked out and tagged
- Entry ways are blocked open
- Isolation valves closed and locked
- Proper ventilation or purging completed
- Operations notified and understands clearly

COMMUNICATIONS:

- Access to phone
- Radio

TESTING RECORD

Atmospheric Testing: Continuous Periodic Complete information below

Date/Time					
Oxygen (19.5%-22%)					
Flam. (<10% LEL)					
H ₂ S (<10 ppm)					
CO (<200 ppm)					
Other:					

Instrument Used: Man: _____ Model: _____ SN: _____ Last Cal. Date: _____ Initials: _____

AUTHORIZATION/TERMINATION BY ENTRY SUPERVISOR

Authorization: I certify that all required precautions have been taken and the necessary entry equipment has been provided to safely work in this confined space

Print Name: _____

Signature: _____

Mechanic Signature: _____
 (Entrant)

Mechanic Signature: _____
 (Attendant)

Permit Initiated: _____

Duration: _____

Date: _____

Time: _____