

**PURDUE UNIVERSITY
Confined Space Program**

Confined Space Entry Permit

Permit # _____

Department/Shop: _____ 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

Atmospheric Testing Record

Continuous Periodic

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

Manufacturer: _____ Model: _____ SN: _____ Last Cal. Date: _____ Initials: _____

Authorization/Termination by Entry Supervisor

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: _____

Entrant Signature: _____ Attendant Signature: _____

Permit Initiated: _____ Duration: _____ Date: _____ Time: _____