PURDUE UNIVERSITY
Confined Space Program

Confined Space Entry 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
[ ] [x] [ ] ________________________________
[ ] [ ] [x] ________________________________
[ ] [ ] [ ] ________________________________

Safety Controls and Communication Procedures

Equipment required for entry: Isolation:
[ ] Fall protection equipment [ ] Electrical equipment locked out and tagged
[ ] Air mover/ventilator [ ] Mechanical equipment locked out and tagged
[ ] GFCI [ ] Entry ways are blocked open
[ ] Hearing Protection [ ] Isolation valves closed and locked
[ ] Eye Protection [ ] Proper ventilation or purging completed
[ ] Hard Hat [ ] Operations notified and understands clearly
[ ] Other Personal Protective Equipment: COMMUNICATIONS:
[ ] Access to phone
[ ] Radio

Atmospheric Testing Record

[X] Continuous [ ] Periodic

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<tr>
<th>Date/Time</th>
<th>Oxygen (19.5%-22%)</th>
<th>Flam. (&lt; 10% LEL)</th>
<th>H₂S (&lt; 10 ppm)</th>
<th>CO (&lt; 200 ppm)</th>
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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: ___________