

APPENDIX D

Confined Space Entry Permit

NSU CONFINED SPACE ENTRY PERMIT								
<b>GENERAL INFORMATION</b>								
Space to be Entered: _____			Purpose of Entry: _____					
Confined Space Number: _____			Supervisor: _____					
Location/Area: _____			Authorized Duration of Permit: Date: _____		Time: _____			
			Until Date: _____		Time: _____			
<b>POTENTIAL HAZARDS (Check All That Apply)</b> <input type="checkbox"/> Oxygen deficiency (less than 19.5%) <input type="checkbox"/> Oxygen enrichment (greater than 23.5%) <input type="checkbox"/> Flammable gases/vapors (greater than 10% of LFL) <input type="checkbox"/> Airborne combustible dust (vision obscured @ : 5 ft meets or exceeds the LFL) <input type="checkbox"/> Toxic gases or vapors (greater than PEL) <input type="checkbox"/> Mechanical hazards <input type="checkbox"/> Electrical shock <input type="checkbox"/> Materials harmful to skin <input type="checkbox"/> Engulfment <input type="checkbox"/> Inflow <input type="checkbox"/> Heat <input type="checkbox"/> Noise <input type="checkbox"/> Working Aloft <input type="checkbox"/> Stored Energy <input type="checkbox"/> Other: _____			<b>EQUIPMENT REQUIRED FOR ENTRY AND WORK</b> <b>PPE:</b> <input type="checkbox"/> N/A				<b>Respiratory Protection:</b> <input type="checkbox"/> N/A	
			<b>Ventilation:</b> <input type="checkbox"/> 2000 CFM / Welder		<b>Illumination:</b> _____			
			<b>Atmospheric Testing/Monitoring (Check all that apply):</b> <input type="checkbox"/> _____ Monitor / Meter Calibration Date: _____ <input type="checkbox"/> Other (Identify): _____					
			<b>Communication Method &amp; Equipment:</b> <input type="checkbox"/> Verbal / Visual <input type="checkbox"/> Equipment (List): _____					
<b>PREPARATION FOR ENTRY (Check after steps taken)</b> <input type="checkbox"/> Notification of affected personnel of service interruption <input type="checkbox"/> Isolation Methods: <input type="checkbox"/> Lockout <input type="checkbox"/> Blank/blind <input type="checkbox"/> Purge/clean <input type="checkbox"/> Other: _____ <input type="checkbox"/> Personnel Awareness: <input type="checkbox"/> Pre-entry briefing on specific hazards & control <input type="checkbox"/> Notify contractors of permit & hazardous conditions <input type="checkbox"/> Other: _____ <input type="checkbox"/> Atmospheric Testing <input type="checkbox"/> Hotwork Permit (Ventilation and Continuous Monitoring Required)			<b>Non-Entry Rescue Equipment (Check all that apply):</b> <input type="checkbox"/> Harness <input type="checkbox"/> Lanyard <input type="checkbox"/> Tripod <input type="checkbox"/> Wristlet <input type="checkbox"/> Other (List): _____					
<b>EMERGENCY INFO / NUMBERS / CONTACTS</b> Emergencies and Rescue – 911 EH&S: _____ Fire Department _____			<b>ATTENDANT(S)</b> _____ _____ _____ _____ _____		<b>ENTRANTS</b> _____ _____ _____ _____ _____			
<b>TESTING RECORD</b> <i>Required</i>			<b>PRE-ENTRY</b>		<b>PERIODIC MONITORING RESULTS</b>			
Oxygen	>19.5%	<23.5%	_____	1- Results	2- Results	3- Results		
Flammability	<10%LEL/LFL		_____	4- Results	5- Results	_____		
H <sub>2</sub> S	<10 ppm		_____	_____	_____	_____		
CO	<35 ppm		_____	_____	_____	_____		
<i>Other (If Potential Exists)</i>			_____	_____	_____	_____		
Other:			_____	_____	_____	_____		
Time			_____	_____	_____	_____		
Tester Initials			_____	_____	_____	_____		
<b>AUTHORIZATION BY ENTRY SUPERVISOR</b> I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in this confined space.								
Printed Name		Signature		Date		Time		
_____		_____		_____		_____		
<b>THIS PERMIT MUST BE POSTED AT THE CONFINED SPACE ENTRY POINT</b> Return to the EH&S office upon completion of the job.								