

**OKLAHOMA STATE UNIVERSITY  
ENVIRONMENTAL HEALTH & SAFETY  
CONFINED SPACE ENTRY PERMIT**

Permit Number \_\_\_\_\_ Date \_\_\_\_\_

<u>Location &amp; Description of Confined Space:</u>	<u>Purpose of Entry:</u>

Scheduled Start _____ a.m. _____ p.m. Day / Date / Time	Scheduled Finish _____ a.m. _____ p.m. Day / Date / Time
---------------------------------------------------------------	----------------------------------------------------------------

**{Check those items below which are applicable to your confined space permit.}**

**TYPES OF HAZARDS**

- |                                                      |                                               |                                                         |
|------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Oxygen-Deficient Atmosphere | <input type="checkbox"/> Engulfment           | <input type="checkbox"/> Energized Electrical Equipment |
| <input type="checkbox"/> Oxygen-Enriched Atmosphere  | <input type="checkbox"/> Entrapment           | <input type="checkbox"/> No Fixed Ladder                |
| <input type="checkbox"/> Welding/Cutting             | <input type="checkbox"/> Flammable Atmosphere | <input type="checkbox"/> Poor Lighting                  |
| <input type="checkbox"/> Toxic Atmosphere            | <input type="checkbox"/> Hazardous Chemical   | <input type="checkbox"/> Poor Footing                   |

*Note: If welding/cutting operations are to be performed, attach Hot Work Permit.*

**SAFETY PRECAUTIONS**

- |                                                                       |                                                              |                                                                 |
|-----------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Atmospheric testing (periodic or continuous) | <input type="checkbox"/> Protective Gloves (type in remarks) | <input type="checkbox"/> Surveillance (visual / verbal / radio) |
| <input type="checkbox"/> Safety hoist                                 | <input type="checkbox"/> Barricade Job Area                  | <input type="checkbox"/> Signs Posted                           |
| <input type="checkbox"/> SCBA                                         | <input type="checkbox"/> Safety Harness / Lifelines          | <input type="checkbox"/> Clearances Secured                     |
| <input type="checkbox"/> Air-Line Respirator                          | <input type="checkbox"/> Respirators (type in remarks)       | <input type="checkbox"/> Lighting                               |
| <input type="checkbox"/> Fire-Retardant Clothing                      | <input type="checkbox"/> Lockout/Tagout                      | <input type="checkbox"/> Ground Fault Interrupter               |
| <input type="checkbox"/> Ventilation (prior or continuously)          | <input type="checkbox"/> Fire Extinguishers                  | <input type="checkbox"/> PPE other (type in remarks)            |

Remarks:

Scope of work for entry:		
Hot work authorized:	YES	NO
Authorized Entrants:		
Authorized Attendants:		
Can Entrants and Attendants alternate positions:	YES	NO
Pre-Entry Authorization:		

**VERIFICATION RECORD**

Minimum conditions for entry verified?      Yes                                      No

<b>Oxygen</b>	Between 19.5%-23.5%	<b>Flammable dusts</b>	Visibility > 5 ft.
<b>Flammable gases</b>	< 10% of LEL	<b>Engulfment hazards</b>	None present
<b>Hydrogen sulfide (H2S)</b>	< 10 ppm	<b>Hazardous flows</b>	Secured and locked/tagged out
<b>Carbon monoxide (CO)</b>	< 35 ppm	<b>Hazardous energies</b>	Secured and locked/tagged out
<b>Other toxic substances</b>	< PEL for substance	<b>External hazards</b>	Controlled

