

CONFINED SPACE ENTRY PERMIT

University of Kansas

GENERAL INFORMATION

Space to be Entered _____

Location / Building _____

Purpose of Entry _____

Date _____ To _____ Time _____ To _____

Authorized Duration _____

ENTRY PROCEDURE

<input type="checkbox"/> Non-Permit Entry Sign At: <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">2</div> </div>	<input type="checkbox"/> Alternate Entry Sign At: <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">2</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">3</div> </div>	<input type="checkbox"/> Permit Required Sign At: <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">3</div>
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EQUIPMENT INVENTORY

<input type="checkbox"/> Ventilating Fan <input type="checkbox"/> Barrier / Warning Signs <input type="checkbox"/> Gas Monitor: ID# _____ <input type="checkbox"/> Phone / Radio <input type="checkbox"/> 2 way communication w/entrant <input type="checkbox"/> Non-entry rescue equipment <input type="checkbox"/> Other _____	<input type="checkbox"/> Gloves <input type="checkbox"/> Hard Hat <input type="checkbox"/> Respirator <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Ladder <input type="checkbox"/> Lighting
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PRE-ENTRY PRECAUTIONS

Eliminate any unsafe conditions before opening access door
 Guard entrance with barrier and/or signs
 Notify affected units of service interruption
 Lock-out/tag-out all sources of energy posing risk
 Install blank in affected lines
 Clean and/or purge any chemicals from storage vessel
 Wear proper personal/respiratory protective equipment
 Have lights or ladder available
 Coordinate with adjacent contractors if applicable
 Have appropriate MSDS's available onsite
 Non-entry rescue equipment in place
 Establish Air Monitoring Schedule

Initial Periodic _____ minutes

 Determine communication method between entrant and attendant

Voice (only if entrant is within sight) Radio

FOR PERMIT-REQUIRED PROCEDURE

Assign Roles & Responsibilities:	Entrant	Attendant
_____	<input type="checkbox"/>	<input type="checkbox"/>
Name		
_____	<input type="checkbox"/>	<input type="checkbox"/>
Name		
_____	<input type="checkbox"/>	<input type="checkbox"/>
Name		
_____	<input type="checkbox"/>	<input type="checkbox"/>
Name		

HAZARD ASSESSMENT

REAL OR POTENTIAL ATMOSPHERIC HAZARDS

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Oxygen Deficiency (<19.5%)
<input type="checkbox"/>	<input type="checkbox"/>	Oxygen Enriched (>23.5%)
<input type="checkbox"/>	<input type="checkbox"/>	Flammable/Combustible Atmosphere (>10% LEL)
<input type="checkbox"/>	<input type="checkbox"/>	Carbon Monoxide (>25 ppm)
<input type="checkbox"/>	<input type="checkbox"/>	Hydrogen Sulfide (>10 ppm)
<input type="checkbox"/>	<input type="checkbox"/>	Other Toxics (specify) _____

OBSERVABLE SERIOUS SAFETY/HEALTH HAZARDS

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Mechanical _____ Other (Specify) _____
<input type="checkbox"/>	<input type="checkbox"/>	Electrical _____
<input type="checkbox"/>	<input type="checkbox"/>	Engulfment / Entrapment _____
<input type="checkbox"/>	<input type="checkbox"/>	Burn _____
<input type="checkbox"/>	<input type="checkbox"/>	Slip, Trip, Fall _____
<input type="checkbox"/>	<input type="checkbox"/>	Heat Stress _____

COMMENTS

Please identify any problems encountered during entry into this space:

EMERGENCY RESCUE SERVICE

_____	_____	_____
Service	Contact method	Phone
_____	_____	_____
Service	Contact method	Phone

SIGNATURES

There are NO Real or Potential Atmospheric Hazards

1

Signature

Date

There are NO Observable Safety/Health Hazards

2

Signature

Date

ENTRY AUTHORIZATION

I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in this confined space

3

Entry Supervisor Signature

Date

After completion of entry, return this permit to shop supervisor
 Shop Supervisor is to maintain this copy in shop files and
 forward a photocopy to:

KU Dept. of Environment, Health & Safety
 2330 Crowell Drive
 Kurata Building
 Lawrence, Kansas 66047

ANNUAL REVIEW

Completed By

Date