

**San Diego State University
CONFINED SPACE ENTRY PERMIT**

This permit is valid for 8 hours only when performing work in a permit required confined space and shall remain at the permit required confined space job site until the job is completed. The permit must be kept on file for a minimum of one year. The information contained in this permit is in compliance with Title 8, California Code of Regulations, Sections 5156-5158.

If using Alternate Entry Procedures complete sections I, II, III, IV (1, 5-7), V, VI, and VII.

I. General Information

Date/Time Issued: _____ Date/Time Expired: _____
Site Location and Description: _____
Manhole Number: _____
Purpose of entry/work to be performed: _____

II. Personnel

a. Entrants

b. Attendants

c. Supervisor

III. Confined Space Potential Hazards Checklist

Please check the potential hazards within the space:

Atmospheric hazard Noise hazard
 Mechanical hazard Vibration hazard
 Electrical hazard Fire or explosion hazard
 Thermal hazard Engulfment/Entrapment hazard
 Materials harmful to skin No Potential Hazards
 Other: _____

IV. Confined Space Pre-Entry Checklist

Instructions: The Entry Supervisor must check each item in the list. When all the checklist items have been completed, the Entry Supervisor shall authorize work to begin by signing below (section V). The Entry Supervisor must cancel the permit by signing below (Section V) when the work is completed or if hazardous conditions arise that are out of compliance with the checklist.

1. Atmospheric Check

Please collect and document pre-entry readings in the specified order:

At surface after cover is removed

3 feet from the surface

6 feet from the bottom

3 feet from the bottom

					<u>Acceptable Conditions</u>
O₂	_____ % O ₂	_____ % O ₂	_____ % O ₂	_____ % O ₂	>19.5% and <23.5% O₂
Explosive	_____ %LFL	_____ %LFL	_____ %LFL	_____ %LFL	<10% LFL
Toxic	_____ ppm CO	_____ ppm CO	_____ ppm CO	_____ ppm CO	< 25 ppm CO
	_____ ppm H ₂ S	_____ ppm H ₂ S	_____ ppm H ₂ S	_____ ppm H ₂ S	<10 ppm H₂S

Time Sampled _____

Tester Signature and Date _____

	Yes	No	NA
Is the surrounding area free of harmful gases and vapors?			
Is continuous testing of the atmosphere being conducted to confirm the absence of a hazardous atmosphere?			
Is continuous mechanical ventilation with blowers being used?			
Is the continuous mechanical ventilation sufficient to maintain a contaminant free environment inside of the space?			
Is natural ventilation being used?			

If required based on above data, please complete this section

Atmospheric check after isolation and ventilation

Please follow order specified above

O₂	_____ % O ₂	_____ % O ₂	_____ % O ₂	_____ % O ₂	Acceptable Conditions
Explosive	_____ %LFL	_____ %LFL	_____ %LFL	_____ %LFL	>19.5% and <23.5% O₂
Toxic	_____ ppm CO	_____ ppm CO	_____ ppm CO	_____ ppm CO	<10% LFL
	_____ ppm H ₂ S	_____ ppm H ₂ S	_____ ppm H ₂ S	_____ ppm H ₂ S	< 25 ppm CO
					<10 ppm H₂S

2. Source Isolation/Electrical Hazards

	Yes	No	NA
Are hazardous sources of energy including pipes, conduits, pumps, lines, electrical, and mechanical equipment locked out/de-energized, blinded, isolated, disconnected, blocked, and tested as necessary and applicable for work tasks to be performed? Comments:			
Have valves been locked and capped?			

3. Thermal/Physical Hazards

	Yes	No	NA
Are procedures in place to correct thermal hazards, includes PPE?			
Are procedures in place to correct noise and vibration hazards, includes PPE?			

4. Hot Work Permit

	Yes	No	NA
If any hot work (e.g. welding) is required is a Hot Work Permit attached?			

5. Secure Area

	Yes	No	NA
Is the area secured with barriers and traffic control in place?			
After the entrance cover has been removed, is the opening promptly guarded to prevent pedestrian traffic from entering the worksite and inadvertent falls into the space?			

6. Safety Equipment and Protective Clothing

	Yes	No	NA
Is retrieval equipment (full body harness with D-Ring, lifelines, hoisting equipment) checked and available for Entrant?			
Is powered communication for monitoring and emergency in place? Method of Attendant/Entrant communication: Radio, verbal, visual			
Is explosion-proof lighting being used?			
Is personal protective equipment available and being used? Type: _____			
Are respirators available and being used? Type: _____			
Is a fire extinguisher available?			
Is a first aid kit available?			

7. Training

	Yes	No	NA
Have personnel, including Entrants, Attendants, and Supervisors been trained in specific hazards and emergency procedures?			

Note: If the status of any one of the conditions described above is NO, entry cannot be made into the confined space. If at any time the status of one of the conditions above changes from YES to NO, all entrants must terminate work and immediately leave the confined space until the condition is corrected. This permit is not valid unless all appropriate items are completed.

8. Rescue Procedure

- A. Attendant contacts Physical Plant Work Control by radio.
- B. Work Control immediately contacts Public Safety (dial 911 from campus phone).
For all other departments the Attendant contacts Public Safety directly (dial 911 from campus phone or 594-1991). **When contacting Public Safety the Attendant or Work Control must specify, "This is a rescue emergency involving an employee working in a confined space" and include details for example type of injury and type of confined space.**
- C. Public Safety Dispatch contacts San Diego Fire Department/Paramedics.

9. Rescue Equipment

All persons entering permit required confined spaces are required to use full body harnesses and retrieval lines, unless it is determined that the retrieval equipment would increase the overall risk of entry or would not contribute to the rescue operation.

Is retrieval equipment being worn?

If No based on above information, please explain and include applicable Supervisor and employee signatures: _____

V. Authorization

I have reviewed the work authorized by this permit and the information contained here in. Required precautions specified in this checklist have been taken and necessary equipment is provided for safe entry and work in this confined space.

Entry Supervisor's Signature

Date and Time

The work in this confined space is complete and this permit is cancelled.

Entry Supervisor's Signature

Date and Time

VI. Periodic Atmospheric Test

Gas detection equipment must be operational during the entire occupancy of a **Permit Required Confined Space** and an **Alternate Entry Procedure Confined Space**.

Instrument Used for Atmospheric Testing: _____

Model or Serial Number: _____ Calibration Date: _____

PERIODIC ATMOSPHERIC TEST RESULTS

	Time	Name of Tester	Percent of Oxygen	Lower Flammable Limit	Carbon Monoxide	Hydrogen Sulfide
			Must be between 19.5% and 23.5%	Must be less than 10%	Must be less than 25 PPM	Must be less than 10 PPM
If the above conditions are not met, the space may not be entered at this time						
Entry Into Permit Required Space						
1 Hour						
2 Hours						
3 Hours						
4 Hours						
5 Hours						
6 Hours						

COMBUSTIBLE AND TOXIC MATERIALS OF CONCERN: _____

DETECTABLE ODORS OF CONCERN: _____

ADDITIONAL COMMENTS: _____

If another hazardous atmospheric condition is present a different air monitoring approach may be necessary. These conditions must be identified, noted on the permit, and addressed prior to re-entering the confined space.

VII. Confined Space Employee Entry/Exit Log (Times must be posted for each Entry and Exit)

Name	Time In	Time Out	Time In	Time Out	Time In	Time Out

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