

Job No: \_\_\_\_\_

Date: \_\_\_\_\_

# CONFINED SPACE ENTRY

Permit No. \_\_\_\_\_

**1. GENERAL INFORMATION**

Building / Location description: \_\_\_\_\_  
 Space # / type (manhole, tunnel, tank, etc.): \_\_\_\_\_  
 Purpose of entry: \_\_\_\_\_

Department: \_\_\_\_\_  
 Shop / Section: \_\_\_\_\_  
 Supervisor & Phone No.: \_\_\_\_\_

Contractor entry  
 Name of company: \_\_\_\_\_  
 Supervisor & Phone No.: \_\_\_\_\_

Joint entry with another Univ. Dept. or contractor? Entry Coordinator: \_\_\_\_\_ Contractor's Affirmation on file?  Yes  No (Entry not permitted)

**2. HAZARD ASSESSMENT**

Check  all real or potential PHYSICAL hazards.

Engulfment (loose material)  Exposed electricity  
 Moving machinery  Slips / Falls  
 Hazardous material  Heat stress (steam)  
 Converging walls  Other: \_\_\_\_\_

No Physical Hazards

Check  all real or potential ATMOSPHERIC hazards. (Complete Initial Evaluation in Atmospheric Testing Table)

Low Oxygen (<19.5%)  Hydrogen sulfide (>10 ppm)  
 High Oxygen (>23.5%)  Other: \_\_\_\_\_  
 Flammable (>10% LEL)  
 Carbon monoxide (> 35 ppm)

**3. HAZARD CONTROLS**

Will any PHYSICAL hazards be **eliminated** by the following?

Lockout / Tagout (electrical)  
 Blanking & Bleeding (hydraulic & pneumatic)  
 Disconnecting (mechanical linkages)  
 Securing (moving parts)  
 Other: \_\_\_\_\_

Will any ATMOSPHERIC hazards be **controlled** by continuous ventilation?

Space will be ventilated continuously during entry. (Required for manholes)  
 Fan's flow rate = \_\_\_\_\_ cfm

Copy of Appendix D (CS Ventilation) on hand.

Type of Entry

Yes → **ALTERNATE PROCEDURE** ←  Yes  
 No → **PERMIT (Notify EHSC)** ←  No

**4. ATMOSPHERIC TESTING (Monitor Continuously - Record test results every 30 minutes)**

Gas	Acceptable Conditions	Initial Evaluation	Time:	Time:	Time:	Time:	Time:	Time:	Time:
Oxygen (O <sub>2</sub> )	19.5% to 23.5%								
Flammable	< 10 % LEL								
Carbon Monoxide (CO)	< 35 ppm								
Hydrogen Sulfide (H <sub>2</sub> S)	< 10 ppm								
Other:									

Name of tester: \_\_\_\_\_ Monitor Model: **TMX 412** Date Calibrated: \_\_\_\_\_ (Should not be more than a month old.)

**5. AUTHORIZATION TO ENTER**

Entry time: \_\_\_\_\_ to \_\_\_\_\_  
 Start Stop

**Personnel**  
 Alternate Procedure (min 2 people)

PERMIT REQUIRED (AUTHORIZED ENTRY TEAM)

Entry Supervisor: \_\_\_\_\_  
 Attendant: \_\_\_\_\_  
 Entrants: \_\_\_\_\_

**Communication method:**  
 voice  radio  sight  
 other: \_\_\_\_\_

**PPE needed:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Equipment needed:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Notes:**  
 \_\_\_\_\_  
 \_\_\_\_\_

NEVER ENTER A CONFINED SPACE TO ATTEMPT A RESCUE

**Non-entry rescue equipment:**  
 Alternate Procedure  
 Body harness & line on entrants

PERMIT REQUIRED – add:  
 Tripod and host (spaces greater than 5 feet in dept)

**Emergency Services :**  
 NCSU Public Safety  
 Radio - have Service Center call  
 Campus Phone - 5 - 3333  
 Cell Phone - 515 - 3333  
 Blue Light Call Box

Hot work permit needed. (Welding or open flame)

I certify that all precautions for a safe entry have been taken and all necessary safety training and equipment has been provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor completes this form and signs it to authorize entry. Obtain a permit number from the Service Center. Keep this form at the job site during entry. After close out, keep this form on file until it has been reviewed during the Confined Space program audit. Call EHSC at 515-9558 if you have any questions or concerns.