

FORM B Confined Space Entry Permit

_____ CONFINED SPACE _____ HAZARDOUS AREA

PERMIT VALID FOR 8 HOURS ONLY. ALL COPIES OF PERMIT WILL REMAIN AT JOB SITE UNTIL JOB IS COMPLETED.

SITE LOCATION AND DESCRIPTION _____

PURPOSE OF ENTRY _____

SUPERVISOR(S) IN CHARGE OF CREWS	TYPE OF CREW	PHONE #

BOLD DENOTES MINIMUM REQUIREMENTS TO BE COMPLETED AND REVIEWED PRIOR TO ENTRY

<u>REQUIREMENTS COMPLETED</u>	<u>DATE</u>	<u>TIME</u>	<u>REQUIREMENTS COMPLETED</u>	<u>DATE</u>	<u>TIME</u>
Lock Out/De-energize/Try-out	_____	_____	Full Body Harness w/"D" ring	_____	_____
Line(s) Broken-Capped-Blanked	_____	_____	Emerg. Escape retrieval Equip.	_____	_____
Purge-Flush and Vent	_____	_____	Lifelines	_____	_____
Ventilation	_____	_____	Fire Extinguishers	_____	_____
Secure Area (Post and Flag)	_____	_____	Lighting (Explosive Proof)	_____	_____
Breathing Apparatus	_____	_____	Protective Clothing	_____	_____
Resuscitator - Inhalator	_____	_____	Respirator(s) (Air Purifying)	_____	_____
Standby Safety Personnel	_____	_____	Burning and Welding Permit	_____	_____

Note: Items that do not apply enter N/A in the blank.

**** RECORD CONTINUOUS MONITORING RESULTS EVERY 2 HOURS ****

TEST(S) TO BE TAKEN	Permissible Entry Level	_____	_____	_____	_____
PERCENT OF OXYGEN	19.5% to 23.5%	_____	_____	_____	_____
LOWER FLAMMABLE LIMIT	Under 10%	_____	_____	_____	_____
CARBON MONOXIDE	Under 35 PPM	_____	_____	_____	_____
Hydrogen Sulfide	Under 10 PPM	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

REMARKS:

GAS TESTER NAME	# INSTRUMENT(S) USED	MODEL &/OR TYPE	SERIAL &/OR UNIT #
_____	_____	_____	_____
_____	_____	_____	_____

SAFETY STANDBY PERSON IS REQUIRED FOR ALL CONFINED SPACE WORK

SAFETY STANDBY PERSON(S): _____

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SAFETY STANDBY PERSON(S): _____

SUPERVISOR AUTHORIZING ENTRY

ALL ABOVE CONDITIONS SATISFIED

DEPARTMENT _____ Phone _____

AMBULANCE 911

FIRE 911

SAFETY 706-3490

CAMPUS POLICE 711