CONFINED SPACE ENTRY PERMIT

Entry Date: _____________ Job Start Time: _____________ Job Completion Time: _____________

Description of Work to be Performed:

---

THIS PERMIT IS VALID FOR 8 HOURS OR UNTIL THE JOB IS COMPLETED, WHICHER COMES FIRST

Description of Space:

<table>
<thead>
<tr>
<th>Confined Space ID</th>
<th>Description of Space</th>
<th>Classification</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Building Number</th>
<th>Building Name/Address</th>
<th>Location of Confined Space</th>
</tr>
</thead>
</table>

Entry Checklist

- Potential Hazards Identified? [ ] Yes [ ] No
- Communications Established with Operations Center [ ] Yes [ ] No
- Hazard Assessment Reviewed? [ ] Yes [ ] No
- Entrants and Attendants Trained? [ ] Yes [ ] No
- Area Secured? [ ] Yes [ ] No

Major Hazards Identified: Check All That Apply

- [ ] Oxygen Deficiency
- [ ] Oxygen Enriched
- [ ] Combustible Gas
- [ ] Toxic Gas
- [ ] Chemical Contact
- [ ] Mechanical
- [ ] Microbiological
- [ ] Dust
- [ ] Steam
- [ ] Engulfment
- [ ] Entrapment
- [ ] Slip, Trip, and Fall
- [ ] Asbestos
- [ ] Low Light
- [ ] Lockout-Tagout Required
- [ ] High Wind Velocities
- [ ] Excessive Noise
- [ ] Protruding Objects
- [ ] Low Head Room
- [ ] PCB-Containing Oils
- [ ] Temperature Extremes
- [ ] Electrical Hazards
- [ ] Combustion Equipment in Use
- [ ] Other: ___________________

Confined Space Equipment and PPE Used During Entry

- Work Boots
- Safety Harness
- 4 Gas Meter
- 2-Way Radio
- Hard Hat
- Safety Glasses
- Rescue Retrieval System
Initial Air Monitoring Results Prior to Entry

Acceptable Entry Conditions:

- All hazards identified and controlled
- O₂ 19.5% - 23.5%
- H₂S < 10ppm
- LEL < 10%
- CO < 35 ppm

Monitor Type: ___________________________ Serial Number: ___________________________

Time: _______ Oxygen: _______ % LEL: _______ % CO: _______ ppm H₂S: _______ ppm

Calibration Performed? ☐ YES ☐ NO Initials: __________
Bump Tested Performed? ☐ YES ☐ NO Initials: __________

Prohibited Conditions? ☐ YES ☐ NO

Monitoring Performed By (sign): ___________________________ Date: __________ Time: _______

Continuous Air Monitoring Results

Time: _______ Oxygen: _______ % LEL: _______ % CO: _______ ppm H₂S: _______ ppm
Time: _______ Oxygen: _______ % LEL: _______ % CO: _______ ppm H₂S: _______ ppm
Time: _______ Oxygen: _______ % LEL: _______ % CO: _______ ppm H₂S: _______ ppm
Time: _______ Oxygen: _______ % LEL: _______ % CO: _______ ppm H₂S: _______ ppm
Time: _______ Oxygen: _______ % LEL: _______ % CO: _______ ppm H₂S: _______ ppm

Authorization

For any emergency or unacceptable entry condition, contact the Campus Services Emergency Operations Center via 2-way radio or call 617-495-5560.

We have reviewed the work authorized by this permit and the information contained here-in. Written instructions and safety procedures have been reviewed and are understood. All requirements for entry were met including the verification of acceptable entry conditions and the use of required PPE and entry equipment.

Entrant's Name: ___________________________ Signature: ___________________________ Date: __________

Entry Supervisor's: ___________________________ Signature: ___________________________ Date: __________

Attendant's Name: ___________________________ Signature: ___________________________ Date: __________