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, WHICHEVER COMES FIRST

Description of Space:

Permit Required

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<tr>
<th>Confined Space ID</th>
<th>Description of Space</th>
<th>Classification</th>
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Building Number  Building Name/Address  Location of Confined Space

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  ☐ Steam  ☐ Excessive Noise

☐ Oxygen Enriched  ☐ Engulfment  ☐ Protruding Objects

☐ Combustible Gas  ☐ Entrapment  ☐ Low Head Room

☐ Toxic Gas  ☐ Slip, Trip, and Fall  ☐ PCB-Containing Oils

☐ Chemical Contact  ☐ Asbestos  ☐ Temperature Extremes

☐ Mechanical  ☐ Low Light  ☐ Electrical Hazards

☐ Microbiological  ☐ Lockout-Tagout Required  ☐ Combustion Equipment in Use

☐ Dust  ☐ High Wind Velocities  ☐ 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: __________________________

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<tr>
<th>Time</th>
<th>Oxygen</th>
<th>LEL</th>
<th>CO</th>
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**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

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**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: ________