CONFINED SPACE ENTRY PERMIT

Entry Date: ___________________________ Job Start Time: ___________________________ Job Completion Time: ___________________________

Description of Work to be Performed:

Description of Space:

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<th>Permit Required</th>
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<td>Confined Space ID</td>
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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
- Oxygen Enriched
- Combustible Gas
- Toxic Gas
- Chemical Contact
- Mechanical
- Microbiological
- Dust
- Steam
- Envelopment
- 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
- Safety Glasses
- Rescue Retrieval System
- Hard Hat
- 2-Way Radio
- Other: _______________

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: ___________

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.

Entry Supervisor: ____________________________ Signature: ____________________________ Date: ___________

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

**Periodic Air Monitoring Results**

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**Work Closeout**

The entry operations covered by this permit have been completed or a condition that is not allowable under the entry permit arises in or near the permit space. **Also, the Operations Center (617-495-5560) has been notified that all entrants are out of the space the entry has completed.**

Entry Supervisor: ____________________________ Signature: ____________________________ Date/Time: ___________