

CONFINED SPACE ENTRY FORM

Eastern Illinois University

Title: _____

Name (Please Print): This form applies to one location only, and cannot be issued for a time period exceeding an uninterrupted shift.

Supervisor (Complaint Person) Signature and Date: _____

Attendant Name, Date of Entry: _____

Entrant Start Time: _____ Completion Time: _____

Purpose for Confined Space Entry: _____

Location of Confined Space: _____

Tests

Test must be taken in the following order: Test to be Taken	Limit	Test Results					Equip. Name	Serial No.	Cal. Date	Initials
23. % of OXYGEN (O ₂)	19.5-23.5%									
24. % of LEL flammable concentrations	<10%									
25. CARBON MONOXIDE (CO)	<25 ppm									
26. HYDROGEN SULFIDE (H ₂ S)	<10 ppm									
27. OTHER										
28. TIME										

Note: Continuous/periodic tests shall be established before starting job or interruption of the work process.

Pre-entry Checklist

<input type="checkbox"/> Verify adequate confined space training <input type="checkbox"/> Pre-entry briefing on specific hazards and control methods <input type="checkbox"/> Notify subcontractors of permit and hazard conditions <input type="checkbox"/> Non-entry rescue and procedure in place <input type="checkbox"/> Notify affected departments and persons of service interruption <input type="checkbox"/> <input type="checkbox"/> Drain space Isolation of pumps/lines: N/A Yes No Pumps or lines blocked, <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> blanked, or disconnected <input type="checkbox"/> Other:	Control of hazardous energy: <input type="checkbox"/> Lockout / tagout (LOTO) <input type="checkbox"/> Hot work permit required <input type="checkbox"/> Zero-voltage verification (ZVV) <input type="checkbox"/> Other: Communication: <input type="checkbox"/> Radio <input type="checkbox"/> Rope signals <input type="checkbox"/> Hand signals <input type="checkbox"/> Verbal Lighting: <input type="checkbox"/> Hazardous location rated <input type="checkbox"/> Standard Air flush: <input type="checkbox"/> Preliminary <input type="checkbox"/> Continuous <input type="checkbox"/> Other:
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Requirements Checklist (*check all that apply*)

Equipment	Personal protective equipment and personal monitors
Non-entry rescue equipment <input type="checkbox"/> Full body harness <input type="checkbox"/> Tripod / hoist <input type="checkbox"/> Lifeline Area security: <input type="checkbox"/> Warning signs <input type="checkbox"/> Barricades <input type="checkbox"/> Ladder <input type="checkbox"/> Fall protection equipment <input type="checkbox"/> Ventilation fan or blower <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Self-contained breathing apparatus (SCBA) <input type="checkbox"/> Air purifying respirator: specify cartridge type:	Gloves: <input type="checkbox"/> Leather <input type="checkbox"/> Impervious <input type="checkbox"/> Chemical resistant <input type="checkbox"/> Other: Face / eye protection: <input type="checkbox"/> Face shield <input type="checkbox"/> Goggles <input type="checkbox"/> Other: <input type="checkbox"/> Footwear <input type="checkbox"/> Coveralls <input type="checkbox"/> Head protection <input type="checkbox"/> Other:

Rescue Procedures

Call 911 Request Charleston Fire Department to respond to your location. Present Confine Space Permit to responding CFD.

I have reviewed the work authorized by this permit and the information pertaining to each item. Safety procedures have been received and are understood by all personnel.

Entry Supervisor: _____ **Date:** _____

Note: Supervisor signs once space is safe for entry and permit has been reviewed with team.

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DEFINITION: A no permit required confined space is a space in which there are no existing or potential atmospheric or physical hazards which could incapacitate an entrant.

1. Entry teams shall consist of a minimum of two people, an attendant and the entrant. Attendants and entrants must be trained on confined space entry.
2. Hazards assessment and testing must be performed by an individual familiar with the hazards of the space. This person becomes the entry supervisor and must sign the entry form on the lower left.
3. Emergency procedures must be understood by the entrant and attendant.
4. Communication equipment to contact the rescue service must be on site. The designated rescue agency on the campus is the Charleston fire department.
5. An instrument capable of measuring oxygen, explosive gas levels (LEL), hydrogen sulfide and any other toxic substance to which the entrant might be exposed must be on site. The instrument must be calibrated frequently enough to ensure proper function.
6. If possible, atmospheric testing must be done prior to removing manhole cover. If this is not possible, move the manhole cover the minimum distance needed to insert the monitoring probe.
7. Atmospheric testing shall be continuous and readings recorded every two hours on the reverse side. Space shall be evacuated immediately if any monitor alarm is activated.
8. The oxygen level must be measured first and be at least 20% for **entry** to be allowed. The entrant(s) must exit the confined space if the oxygen level drops to 19.5% (**Alarm Level**).
9. The LEL (lower explosive limit) is measured second and cannot exceed 5% for entry to be allowed.
10. The hydrogen sulfide reading is measured last and cannot exceed 5 ppm for entry to be allowed.
11. The space must be free of physical or mechanical hazards such as entrapment, engulfment or other recognized hazard which could incapacitate an entrant.
12. Lockout/tagout procedures must be performed on all pipes which could discharge into the confined space and all forms of exposed hazardous energy.
13. The material safety data sheet must be on site for any chemicals used and appropriate monitoring equipment used to monitor the atmosphere.
14. Work using flame or generating sparks is defined as hot work and a **permit is mandatory** when performing this type of work in a confined space. See your supervisor.