



LAWRENCE UNIVERSITY

CONFINED SPACE ENTRY PERMIT

Building Name: _____ Date: _____
 Location & Description of Confined Space: _____

Purpose of Entry: _____
 Emergency Phone #: _____ Shift: _____ Expiration: _____ AM/PM
 Type of Monitor: _____ S/N: _____ Calibration Date: _____

Confined Space Preparation (Special Requirements)

	Yes	No	Supervisor's initials
1. Pre-entry meeting held(including area supervisor) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Lockout/Tagout(Follow lockout/Tagout Procedure) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Block off all pipes, hoses, ducts, etc _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Area ventilated continuously _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Purged (drained, washed, properly cleaned) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Secured area (signs, barricades, guardrails, etc.) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Hot work Permit (welding, grinding, cutting, etc.) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Physical Hazards present(heat, obstructions, etc.) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Personnel needed (rescue, other requirements) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Did each employee receive training in confined space entry? _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Appropriate Safety Equipment Available for Use

	Yes	No	Supervisor's initials
1. PPE (Hardhats, eye and hand protection, etc) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Respirators _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Rescue Equipment/Procedure(Harness, lifeline, tripod, etc.) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Lighting/Electrical (GFCI equipped) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Fire Protection (extinguishers at entrance, water hose, etc.) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Communication (voice, visual, radio - circle one) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Access & Egress(ladders, scaffolds, etc.) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Atmospheric Tests

	Results	Time	Initials	Results	Time	Initials	Results	Time	Initials
Monitor Various areas & Levels									
% Oxygen O ₂ (19.5%-23.5%)									
% Flammibility (LEL<10)									
Hydrogen Sulfide H ₂ S (TLV<10ppm)									
Carbon Monoxide CO (TLV<35 ppm)									
Other _____									

Retests needed & Frequency (periodic, after breaks, continuous): _____

Entrant	In/Out	In/Out	In/Out	In/Out

Attendants: 1 _____ 2 _____

*Note: Non-combustible gas (Argon, Nitrogen, Helium, etc.) cause Oxygen deficiency.
 Continuous monitoring required during the use of these products.

All necessary condintions and/or preparations have been satisfied and I certify that the safety guidelines for Confined Space Entry have been Followed.

Printed: _____ Signed: _____
Entry Supervisor in charge

RETURN COMPLETED FORM TO SAFETY DEPARTMENT FOR FILING!