

# SFA CONFINED SPACE ENTRY PERMIT

Use this permit when entering a permit-required confined space, which is only valid for the duration of work being performed and for no more than 8 hours. Post this permit at or near the entry point. An attendant is required outside the space, and must maintain communication with the entrant(s) and have a means to summon rescue services (e.g., 911). Review the confined space assessment to evaluate the space, and review the work to be performed within the space.

## General

Space to be Entered:	Date & Time Issued:
Location of Space:	Date & Time of Expiration:
Purpose of Entry:	Department or Contractor:
ENTRANT(S):	
ATTENDANT(S):	

## Requirements

Assessment Reviewed:	<input type="checkbox"/>	Actual or Potential Hazards:	<input type="checkbox"/> None <input type="checkbox"/> Atmos. <input type="checkbox"/> Entrap. <input type="checkbox"/> Engulf./Suff. <input type="checkbox"/> Other (specify)				
Special Requirements		Yes	N/A	Special Equipment		Yes	N/A
Secure Area or Work Zone (e.g., barricading, fencing-off)				Fire Extinguisher (not CO <sub>2</sub> )			
Pumps / Lines Blanked, Blocked, Capped (i.e., LOTO)				Special Lighting (e.g., explosion-proof)			
Purging, Flushing, Venting of Utility Lines				Portable Blower (i.e., forced-air ventilation)			
Other Permits (e.g., Hot Work):	(specify)			Water Pumps			
Other Special Requirements:	(specify)			Other Equipment:		(specify)	
Energy Sources Isolated:	<input type="checkbox"/> Elect. <input type="checkbox"/> Mech. <input type="checkbox"/> Hydr. <input type="checkbox"/> Pneum. <input type="checkbox"/> Chem. <input type="checkbox"/> Therm. <input type="checkbox"/> Steam <input type="checkbox"/> Other (specify)						
Entrant Communication:	<input type="checkbox"/> Radio <input type="checkbox"/> Cellular Phone <input type="checkbox"/> Visual <input type="checkbox"/> Verbal <input type="checkbox"/> Fixed Telephone <input type="checkbox"/> Other (specify)						
Required Personal Protective Equipment:	<input type="checkbox"/> Gloves (specify) <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Goggles <input type="checkbox"/> Face Shield <input type="checkbox"/> Hardhat <input type="checkbox"/> Ear Plugs/Ear Muffs <input type="checkbox"/> Safety Shoes/Boots (specify) <input type="checkbox"/> Body Protection <input type="checkbox"/> Respirator <input type="checkbox"/> Other (specify)						

## Atmospheric Testing

Atmospheric Gases <i>(test in this order)</i>	Permissible Limits <i>(must be within limits)</i>	Pre-Entry Time		Time During Entry - Record Readings Every 2 Hours (8-hour maximum)									
			AM		AM		AM		AM		AM		AM
			PM		PM		PM		PM		PM		PM
Oxygen (O <sub>2</sub> )	19.5% to 23.5%	%	%	%	%	%	%	%	%	%	%	%	
Lower Explosive Limit (LEL)	Under 10%	%	%	%	%	%	%	%	%	%	%	%	
Carbon Monoxide (CO)	Under 35 ppm	ppm	ppm	ppm	ppm	ppm	ppm	ppm	ppm	ppm	ppm	ppm	
Hydrogen Sulfide (H <sub>2</sub> S)	Under 10 ppm	ppm	ppm	ppm	ppm	ppm	ppm	ppm	ppm	ppm	ppm	ppm	
Other:	(specify)	(specify)											
<b>Tester's Initials:</b>													
Monitoring Equipment Make and Model			Serial Number				Calibration Date			Bump test passed prior to use? (required)		<b>Yes</b>	

## Rescue

Rescue Method		Yes	N/A	Attendant Requirement		Yes	N/A
Non-Entry Retrieval Equipment (e.g., tripod, lifeline, hoist, harness)				Trained in the Use of Non-Entry Equipment			
Rescue Service On-Site (SCBAs, entry retrieval equipment)				Has Means to Summon Rescue Services (required)			
Rescue Communication:		<input type="checkbox"/> Radio <input type="checkbox"/> Cellular Phone <input type="checkbox"/> Visual <input type="checkbox"/> Verbal <input type="checkbox"/> Fixed Telephone <input type="checkbox"/> Other (specify)					
SFA EHSRM Notified Prior to Entry:		<input type="checkbox"/> phone: 936-468-4442 <input type="checkbox"/> email: safety@sfasu.edu					

## Authorization

*I have reviewed the work authorized by this permit and the information contained here-in. This permit is not valid unless all appropriate items are completed. I certify that all actions and conditions necessary for safe entry have been performed.*

Entry Supervisor:	(print):	(sign):	(title):
EHSRM Safety Officer:	(print):	(sign):	

## Cancellation

*Entry will be terminated and this permit will be cancelled when the entry operations covered by the permit have been completed or a condition that is not allowed under the entry permit arises in or near the permit space. Re-entry into the confined space will not be allowed until a new assessment is completed and permit is issued.*

**Permit must be cancelled by Entry Supervisor and kept on file by departments for 3 years.**

Permit Cancelled by:	Date & Time:
<b>Reason:</b>	<input type="checkbox"/> Work Complete <input type="checkbox"/> Rescue Unavailable <input type="checkbox"/> Conditions Violate Permit <input type="checkbox"/> New Hazards <input type="checkbox"/> Other (Specify)