

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"/> Atmospheric <input type="checkbox"/> Entrapment <input type="checkbox"/> Engulfment/Suffocation <input type="checkbox"/> Steam <input type="checkbox"/> Condensate <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 ₂) | | | |
| 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"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Hydraulic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Chemical <input type="checkbox"/> Thermal <input type="checkbox"/> Steam <input type="checkbox"/> Condensate <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 <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"/> Respirator <input type="checkbox"/> Safety Shoes/Boots <input type="checkbox"/> Long Sleeves/Pants <input type="checkbox"/> Body Protection <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 | PM | AM | AM | AM | AM | AM | AM |
| | | PM | PM | PM | PM | PM | PM | PM | PM |
| Oxygen (O ₂) | 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 |
| Hydrogen Sulfide (H ₂ S) | Under 10 ppm | ppm | ppm | ppm | ppm | ppm | ppm | ppm | ppm |
| Other: | (specify) | (specify) | | | | | | | |

Tester's Initials:

| Monitoring Equipment Make and Model | Serial Number | Calibration Date | Bump test passed prior to use? <small>(required)</small> | Yes |
|-------------------------------------|---------------|------------------|---|-----|
| | | | | |
| | | | | |

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) | | | | |
| Northwestern Police Notified Prior to Entry: | <input type="checkbox"/> Evanston Campus (847) 491-3456 <input type="checkbox"/> Chicago Campus (312) 503-3456 | | | | |

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): |
|-------------------|----------|---------|----------|

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: |
| Reason: | <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) |