UNIVERSITY OF WASHINGTON

CONFINED SPACE ENTRY PERMIT

ENVIRONMENTAL HEALTH AND SAFETY

See Reverse Side for order of tasks to be performed.

Today's Date

This permit must be completed and signed by all employees prior to entry into a confined space. POST AT JOB SITE.

Identification and Location of the Space

Purpose of Entry

Hazards in the Space

Name and Signature of Authorized Entrants

Name of Attendants

Name of Entry Supervisor

Date of Entry

Duration of Permit (Hours)

COMMUNICATION PROCEDURES

Contact Fire Department by:

☐ Radio ☐ Standard Phone (Indicate where is phone located) _____ ☐ Other (Specify) _____

☐ Cellular Phone

Communication between Attendants and Entrants by:

☐ Voice ☐ Radio ☐ Other (specify) _____

REQUIRED EQUIPMENT

☐ Retrieval Harness ☐ Lighting ☐ Baricades/portable guard rails ☐ Respirator, type

☐ Hard Hat ☐ Escape Respirator ☐ Personal Alarm ☐ Other _____

VENTILATION TIME CALCULATIONS

Volume of space _____ ft^3 | Ventilation flow rate _____ ft^3/minute | Volume / flow X 20 = minimum ventilation time (min.) _____

Time ventilation started _____ : _____ AM/PM | Earliest time to retest atmosphere _____ : _____ AM/PM

PRE-ENTRY ATMOSPHERIC TESTING

Name of Person doing the Testing

Instrument Calibration Date:(Mo.,Dy.,Yr.)

Instructions: Measure at top, middle, and bottom; **record worst reading**. Attach additional sheets if necessary.

NOTE: Do not start ventilating, if LEL is above 50%	TIME	OXYGEN (O_2) Reading must be between 19.5% and 23.5%	Lower Explosive Limit (LEL) Reading must be below 10%	HYDROGEN SULFIDE (H_2S) Reading must be below 10 ppm	CARBON MONOXIDE (CO) Reading must be below 35 ppm	OTHER (Specify) Limit (Specify)	OTHER (Specify) Limit (Specify)
PRE-ENTRY First Reading							
PRE-ENTRY After Ventilation							

APPROVALS

Completed:

	Yes	No	N/A
Lockout Form	☐	☐	☐
Hot Work Permit	☐	☐	☐
Fall Protection Plan	☐	☐	☐
Others _____	☐	☐	☐

Before signing, verify: Forms/permits completed; atmospheric testing conducted; appropriate procedure and equipment in place; and confined space is safe to enter.

ATTACH OTHER FORMS

Entry Supervisor _____ Date _____ Time _____

ATMOSPHERIC TESTING (continued)

	TIME	OXYGEN (O_2) Reading must be between 19.5% and 23.5%	Lower Explosive Limit (LEL) Reading must be below 10%	HYDROGEN SULFIDE (H_2S) Reading must be below 10 ppm	CARBON MONOXIDE (CO) Reading must be below 35 ppm	OTHER (Specify) Limit (Specify)	OTHER (Specify) Limit (Specify)
Beginning Entry							
15 Minutes after Entry							
30 Minutes after Entry							
45 Minutes after Entry							
1 Hour after Entry							
1 Hour + 15 Minutes after Entry							

Note any problems encountered during the entry:

Entry terminated and permit cancelled by:

Name _____

Date _____ Time _____

Reason _____

RESCUE AND EMERGENCY SERVICES

PHONE FOR RESCUE AND EMERGENCY:

FIRE DEPARTMENT (on campus) 9-911*

FIRE DEPARTMENT (off campus) 911*

*State: **"This is a CONFINED SPACE EMERGENCY"**

Assume the atmosphere in the confined space is hazardous. **Do not enter.**

ORIGINAL - Entry Supervisor, **CANARY** - Department Safety Officer, **PINK** - EH&S at Box 354400

ORDER OF TASKS

1. Get the permit.
2. Assign jobs.
3. Collect your equipment.
4. Review the job as a team.
5. Inspect all equipment.
6. Set up traffic control.
7. Zero the monitor.
8. Lock out all systems you can.
9. Test the air from outside before you ventilate.
10. Run the blower.
11. Set up the tripod and other retrieval equipment.
12. Put on your harness, gloves and hard hat.
13. Test the air again.
14. Put on the monitor, any other tools and the escape air.
15. Tighten your harness and hook up your lifeline.
16. Get the entry supervisor to sign the permit.
17. Step into the opening.
18. Talk to the standby worker as you go in.