



# SHSU CONFINED SPACE ENTRY PERMIT



DATE: \_\_\_\_\_ PERMIT EXPIRATION DATE/TIME: \_\_\_\_\_  
 LOCATION OF CONFINED SPACE: \_\_\_\_\_  
 DESCRIPTION OF WORK TO BE PERFORMED: \_\_\_\_\_  
 \_\_\_\_\_

**NATURE OF HAZARDS IN CONFINED SPACE: (check)**

- \_\_\_\_\_ Oxygen deficiency or enrichment
- \_\_\_\_\_ Flammable gases or vapors (greater than 10% of the Lower Explosive Limit)
- \_\_\_\_\_ Toxic gases or vapors (greater than the Permissible Exposure Limit)
- \_\_\_\_\_ Mechanical hazards
- \_\_\_\_\_ Electrical shock
- \_\_\_\_\_ Materials harmful to the skin
- \_\_\_\_\_ Engulfment
- \_\_\_\_\_ Configuration hazard
- \_\_\_\_\_ Other \_\_\_\_\_

**EQUIPMENT REQUIRED FOR ENTRY AND WORK: (check)**

- \_\_\_\_\_ Respirator
- \_\_\_\_\_ Lighting (Explosive Proof)
- \_\_\_\_\_ Lifeline and safety harnesses
- \_\_\_\_\_ Fire Extinguishers
- \_\_\_\_\_ Protective clothing
- \_\_\_\_\_ Emergency Escape Retrieval Equipment
- \_\_\_\_\_ Hearing Protection
- \_\_\_\_\_ Resuscitators – Inhalator
- \_\_\_\_\_ Other \_\_\_\_\_

**Electrical equipment/tools:**

- \_\_\_\_\_ Low voltage
- \_\_\_\_\_ Ground-fault current interrupters
- \_\_\_\_\_ Approved for hazardous locations

Respiratory protection (specify) \_\_\_\_\_

Communication aid (specify) \_\_\_\_\_

Rescue equipment (specify) \_\_\_\_\_

**AUTHORIZED ENTRANTS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AUTHORIZED ATTENDANTS:**

\_\_\_\_\_  
 \_\_\_\_\_

**PREPARATION: (check)**

- \_\_\_\_\_ Notify affected departments of service interruption
- \_\_\_\_\_ Isolate – blanked or double valued, with lock and tag
- \_\_\_\_\_ Zero energy state (Drain, Ground all energy sources)
- \_\_\_\_\_ Cleaned, drained, washed and purged
- \_\_\_\_\_ Ventilation to provide fresh air
- \_\_\_\_\_ Emergency response team available
- \_\_\_\_\_ Employees informed of specific confined space hazards
- \_\_\_\_\_ Secure area (post, sign and flag)
- \_\_\_\_\_ Procedure reviewed with each employee
- \_\_\_\_\_ Atmospheric test in compliance
- \_\_\_\_\_ Attach hot work permit
- \_\_\_\_\_ Other \_\_\_\_\_

TEST	Allowable Limits	Check (✓) if Required	Result		Result		Result		Result	
			AM	PM	AM	PM	AM	PM	AM	PM
Time			AM	PM	AM	PM	AM	PM	AM	PM
Oxygen-min.	19.5%	_____	_____	_____	_____	_____	_____	_____	_____	_____
Oxygen-max.	23.5%	_____	_____	_____	_____	_____	_____	_____	_____	_____
CO	35 ppm	_____	_____	_____	_____	_____	_____	_____	_____	_____
Flammability	10 %	_____	_____	_____	_____	_____	_____	_____	_____	_____
Heat	°F / °C	_____	_____	_____	_____	_____	_____	_____	_____	_____
H <sub>2</sub> S	10 ppm	_____	_____	_____	_____	_____	_____	_____	_____	_____
SO <sub>2</sub>	2 ppm	_____	_____	_____	_____	_____	_____	_____	_____	_____
Cl <sub>2</sub>	0.5 ppm	_____	_____	_____	_____	_____	_____	_____	_____	_____
Other		_____	_____	_____	_____	_____	_____	_____	_____	_____

Name of employee conducting atmospheric monitoring: \_\_\_\_\_ Instrument(s) used: \_\_\_\_\_

Statement of acceptable entry conditions \_\_\_\_\_  
 \_\_\_\_\_**AUTHORIZATION:**

I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in this confined space.

Name (Print) \_\_\_\_\_

Time: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_