

**Confined Space Permit**

The following permit has been designed to assist in protecting persons entering confined spaces. It shall be completed before any Bentley College employee enters a space designated as a "Permit-Required Confined Space". **Only individuals that have received Confined Space Training shall be authorized to complete this permit.** All questions that are not applicable to the entry are to be answered as "N/A". If questions arise concerning the contents of this form or specific hazardous conditions, please consult your immediate supervisor or Life Safety at x-3448.

**This section is to be completed by the confined space entry supervisor.**

**Identification** Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Date:                                        | Expiration Date:                                    | Time:                       am   pm  | Expiration Time:           am   pm  |

***Note: This Permit is valid for one entry team during a single entry. Maximum duration of the permit will be 8 hours . All copies shall remain at the job site until work has been completed.***
Description of Space:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Reason for entry: (e.g., welding, cleaning, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Personnel**

|  |  |  |
| --- | --- | --- |
| Entrants                                            | Attendants                                                  | Contractors                                              |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

**Equipment Required**

**What type of communication equipment will be used to maintain contact with entrants? ( ) radio ( ) phone ( ) visual contact ( ) other \_\_\_\_\_\_\_\_\_\_\_\_
What type of communication equipment will be available to contact emergency services? ( ) radio ( ) phone**
**Is respiratory protective equipment required for this job? ( )Yes ( )No
    If yes, has each member of the entry team completed respirator training, physicals and fit testing?** **( )Yes ( )No**
**If yes, what type?** ( ) SCBA ( ) supplied air ( ) PAPR ( ) full face ( ) half mask    cartridge used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Is personal protective clothing required for this job? ( )Yes ( )No If yes, What type?**
( ) coveralls        ( ) splash suit    ( ) leather gloves    ( ) chemical gloves    ( ) goggles        ( ) face shield    ( ) ear plugs ( ) other\_\_\_\_\_\_\_\_\_
( ) ear muffs       ( ) hard hat        ( ) welding hood    ( ) welding gloves    ( ) welding jacket    ( ) safety boots    ( ) chemical boots
**What types of hazardous energy may be present?**
( ) electrical        ( ) mechanical    ( ) hydraulic        ( )chemical         ( )pneumatic        ( ) thermal
**How will these hazards be eliminated or controlled?**
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What other hazards may the worker be exposed to?**
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**Supervisor's Name (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This section is to be completed by the attendant.
Atmospheric Testing**

Type of gas monitor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last calibration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   | Initial        | #2      | #3      | #4      | #5      | #6      | # 7     | #8      | #9      | #10      |
| Oxygen (between 19.5% and 23.5%) |   |   |   |   |   |   |   |   |   |   |
| Flammables/combustibles (less than 10% of L.E.L.) |   |   |   |   |   |   |   |   |   |   |

**Toxic Contaminants**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Chemical Name (Is the MSDS present?)       |   MSDS   |   PEL   | #1     | #2     | #3     | #4     | #5     | #6     | #7     | #8     | #9     | #10    |
|   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |

**This Permit Must Be Posted Near the Entrance of the Space During Entry
This Entry Must be Registered With Life Safety x-3448 Prior to Entry
Original Form Must be Forwarded to the Department of Environmental Safety Upon Completion of the Entry**

**Additional Requirements**

|  |  |
| --- | --- |
| Check List | (Initial the appropriate box) |
|   YES   |   NO   |   N/A   |
| All warning/caution signs, barricades, etc. are posted and in place.                                                                                                 |   |   |   |
| Hazardous energy has been locked and tagged. |   |   |   |
| An emergency escape plan has been developed. |   |   |   |
| Safety life lines and retrieval system are secured and in place, |   |   |   |
| Space has been properly ventilated. |   |   |   |
| Required personal protective equipment is available and in use. |   |   |   |
| Entry has been registered with Life Safety x-3448. |   |   |   |
|   |   |   |   |

**Permit Has Been Revoked By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_**

Entrant #1 Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_     Entrant #2 Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

Entrant #3 Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_     Entrant #4 Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

Attendant #1 Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_    Attendant #2 Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

**In Case of Emergency
Call 9-1-1
Or Radio FOR Help**

Identify the space you are entering in words that could identify your location to off campus responders:

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

**This Permit Must Be Posted Near the Entrance of the Space During Entry
This Entry Must Be Registered With Life Safety at x-3448 Prior to Entry
Original Form Must Be Forwarded to the Department of Environmental Safety
Upon Completion of the Entry**

**Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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