

Appendix A: Calvin College Permit-Required Confined Space Entry Permit

1. **Permit Space to be entered:** Number: _____ Location: _____
2. **Purpose of Entry:** _____
3. **Date of Entry:** _____ **Authorized Duration of Entry Permit:** _____
4. **Authorized Entrants:** _____

5. **Attendant(s):** _____
6. **Entry Authorization:** All actions and/or conditions for safe entry have been performed.

Printed name of Entry Supervisor

Signature of Entry supervisor

Date

7. **This permit was canceled – By Whom:** _____ **Time:** _____
Why: _____

8. Permit Space Hazards:

- | | | |
|--------------------------------------------------|---------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Lack of Oxygen | <input type="checkbox"/> Combustible dust | <input type="checkbox"/> Entrapment |
| <input type="checkbox"/> Flammable gases /vapors | <input type="checkbox"/> Electrical hazards | <input type="checkbox"/> Configuration |
| <input type="checkbox"/> Hydrogen Sulfide | <input type="checkbox"/> Temperature | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Chemical hazards | <input type="checkbox"/> Engulfment | <input type="checkbox"/> Other: _____ |

9. Measures used to isolate the permit space and to eliminate and control hazards before entry:

- | | | |
|-------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Forced Air Ventilation | <input type="checkbox"/> External Barricades | <input type="checkbox"/> Blanking, Blocking, Bleeding |
| <input type="checkbox"/> Lockout/Tag out | <input type="checkbox"/> Departments affected
by work have been notified | <input type="checkbox"/> Low voltage lighting |
| <input type="checkbox"/> Natural ventilation | <input type="checkbox"/> Purge, Clean | <input type="checkbox"/> Other: _____ |

10. Personal Protective Equipment (PPE) needed for entry:

- | | | |
|---------------------------------------------------|--------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Hard hat | <input type="checkbox"/> Eye protection | <input type="checkbox"/> Hearing protection |
| <input type="checkbox"/> Gloves | <input type="checkbox"/> Foot protection | <input type="checkbox"/> Protective clothing |
| <input type="checkbox"/> Air purifying respirator | <input type="checkbox"/> Supplied air respirator | <input type="checkbox"/> SCBA |

11. Rescue Equipment needed for entry:

- | | | |
|--------------------------------------------|-------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Full body harness | <input type="checkbox"/> Tripod | <input type="checkbox"/> Winch |
| <input type="checkbox"/> Retrieval line | <input type="checkbox"/> Davit Arm & Base | <input type="checkbox"/> Other: _____ |

12. Communication devices:

- | | | |
|-----------------------------------------|-----------------------------------------|------------------------------------------|
| <input type="checkbox"/> Two-way Nextel | <input type="checkbox"/> Audible voice | <input type="checkbox"/> Hardwire system |
| <input type="checkbox"/> Walkie Talkie | <input type="checkbox"/> Visual contact | <input type="checkbox"/> Other: _____ |

13. Rescue Procedures:

Calvin College Rescue Team: Contact person _____ Phone: _____

Grand Rapids Fire Department: Contact person _____ Phone: _____

14. Pre-Entry Briefing:

Hazardous conditions Communication plan Contractors are briefed
 mode, signs or symptoms, of exposure Rescue plan Other: _____

15. Additional Permits needed:

Hot work Other: _____ Not required

16. Air Monitoring Equipment:

	Entrant's monitor	Attendant's monitor
Instrument used		
Model		
Serial number		
Last calibration date		

17. Continuous Air Monitoring Requirements (record results at least every 30 minutes):

Sampled for:	Permissible Entry Levels	Initial reading	30 min	1 hr	1.5 hr	2 hr	2.5 hr	3 hr	3.5 hr
Oxygen	19.5 to 23.5%								
Flammable (LFL)	Under 10%								
Carbon Monoxide	Under 35 PPM								
Toxics	Under the PEL								
Hydrogen Sulfide	^a 10PPM ^b 15PPM								
Other									
Other									
Other									
Other									

^aEmployee can work in the area for 8 hours at this concentration.

^bEmployee can work in this area up to 15 minutes at this concentration.

NOTE:

- Entry shall be terminated if a condition that is not allowed under the entry permit arises in or near the permit space.
- This permit is to be kept at the job site.
- Return job site copy to EHS office following job completion.