



Idaho State University

Environmental Health, Safety, and Sustainability

921 South 8th Avenue, Stop 8042
Pocatello, Idaho 83209-8042
208-282-2310

<https://www.isu.edu/ehs/>

Appendix C Confined Space Entry Permit *(Effective 12-2020)*

Instructions: This form must be completed prior to entering a Permit Required Confined Space. Completed forms shall be sent to the entry supervisor and a copy sent to EHSS once work is completed. A copy of the permit should be kept at or near the entry of the space during entry and retained for a minimum of one year. Refer to section 8.0 of the Plan for Entry Procedures.

Date Permit Issued:	(Note: A new permit needs to be filled out if entry is longer than a single work shift.)	Time Permit Issued:	
Date Permit Expires:		Time Permit Expires:	

Location:

Space Description:

Reason for Entry:

Materials Previously in Place (if any):

Hazards Being Introduced by
Nature of Work:

Name of Confined Space Supervisor:

Name of Entry Attendant #1:

Name of Entry
Attendant #2:

Name of Authorized Entrant
#1:

Name of
Authorized
Entrant #2:

Name of Authorized Entrant
#3

Name of
Authorized
Entrant #4:

Hot Work Permit Requested? Yes No

Lockout/Tagout Requested? Yes No

This permit expires when:

Operations covered by this Permit are completed and all Entrants have exited the space, the Entrant's or the Attendant's work shift ends, a prohibitive condition/injury occurs in or near the space, or an incident occurs which could impact the Entrants or emergency rescue capabilities.

Confined Space Entry Supervisor's Contact Numbers:

Mobile Phone #:

Office Phone #:

Entry Attendant's Contact Numbers:

Mobile Phone #:

Office Phone #:

ISU Public Safety Number:

(208) 282-2515

For all Emergencies dial 911

Required Precautions & Entry Conditions		Yes	N/A
1.	Space drained and decontaminated	<input type="checkbox"/>	<input type="checkbox"/>
2.	All chemical, utility and outlet lines isolated	<input type="checkbox"/>	<input type="checkbox"/>
3.	Confined space purged with:	Water/Steam?	<input type="checkbox"/>
		Air?	<input type="checkbox"/>
		Inert Gas?	<input type="checkbox"/>
4.	All aspects of Lockout/Tagout are in place as needed?	<input type="checkbox"/>	<input type="checkbox"/>
5.	All electrical equipment GFCI protected?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Vessel jackets properly isolated?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Atmospheric Gas Meters/Monitors fully charged, within current calibration & bump check?	<input type="checkbox"/>	
8.	Atmospheric testing conducted and within limits?	Oxygen (O ₂)	<input type="checkbox"/>
		LEL/LFL (Lower Explosive Limit/Lower Flammability Limit)	<input type="checkbox"/>
		CO (Carbon Monoxide)	<input type="checkbox"/>
		H ₂ S (Hydrogen Sulfide)	<input type="checkbox"/>
9.	Continuous monitoring established?	<input type="checkbox"/>	
10.	Entrant(s) personal air monitoring meter charged, donned and activated?	<input type="checkbox"/>	
11.	Openings identified and unobstructed?	<input type="checkbox"/>	
12.	Fall protection devices provided, inspected and in place?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Harness with lifeline donned and attached outside space?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Outside emergency retrieval equipment available and in place?	<input type="checkbox"/>	
15.	Adequate lighting provided?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Sharp edges and moving parts guarded?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Respiratory protection identified?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Communication methods and devices tested, charged, operational and in place?	<input type="checkbox"/>	
19.	Mechanical ventilation required and if so in place and activated?	<input type="checkbox"/>	<input type="checkbox"/>
20.	Rescue plan developed and emergency services contacted and arranged for rescue?	<input type="checkbox"/>	
21.	Personnel trained according to their roles in the entry?	<input type="checkbox"/>	
22.	Attendant(s) assigned and present?	<input type="checkbox"/>	
23.	Confined Space Entry Signage and Permit posted?	<input type="checkbox"/>	
24.	Confined Space area isolated, secure and perimeter established?	<input type="checkbox"/>	
25.	ISU Public Safety notified of Confined Space entry?	<input type="checkbox"/>	

Hazards Identified as Corrected and Mitigated or Resolved	Yes	N/A
Toxic atmosphere	<input type="checkbox"/>	<input type="checkbox"/>
Corrosive materials	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate lighting	<input type="checkbox"/>	<input type="checkbox"/>
Dusts or fumes	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen deficiency	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen enrichment	<input type="checkbox"/>	<input type="checkbox"/>
Heat/cold/weather	<input type="checkbox"/>	<input type="checkbox"/>
Falling objects	<input type="checkbox"/>	<input type="checkbox"/>
Chemical reactivity	<input type="checkbox"/>	<input type="checkbox"/>
Sludge/residue	<input type="checkbox"/>	<input type="checkbox"/>
Poor visibility	<input type="checkbox"/>	<input type="checkbox"/>
Chemical contact	<input type="checkbox"/>	<input type="checkbox"/>
Hot/cold contact	<input type="checkbox"/>	<input type="checkbox"/>
Sharp objects	<input type="checkbox"/>	<input type="checkbox"/>
Migrating vapors/gases	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Air Monitoring Results:

Attendant will monitor air:		<input type="checkbox"/> Initially	<input type="checkbox"/> Every _____ minutes.	<input type="checkbox"/> Continuously			
Device Manufacturer	Model No./Serial No.	Calibration Due Date		Pre-calibrated by:	Notes		
Time:	Sampled By (initial):	<input type="checkbox"/> O ₂ (19.5% - 23.5%)	<input type="checkbox"/> (LEL/LFL <10%)	<input type="checkbox"/> CO (< 25 ppm)	<input type="checkbox"/> H ₂ S (< 10 ppm)	<input type="checkbox"/> Stratification	<input type="checkbox"/> Other

