

CONFINED SPACE ENTRY PERMIT

California State University, Fresno

Date: _____

Time: _____

Expires Date/Time: _____

Confined Space Location: _____

Purpose of Entry: _____

POTENTIAL HAZARDS EXPECTED

- _____ OXYGEN DEFICIENCY
- _____ FLAMMABLE GASES/VAPORS
- _____ TOXIC GASES/VAPORS
- _____ MECHANICAL HAZARDS
- _____ ELECTRICAL SHOCK
- _____ MATERIALS HARMFUL TO SKIN
- _____ ENGULFMENT
- _____ HEAT STRESS
- _____ OTHER: _____

EQUIPMENT REQUIRED FOR ENTRY

- _____ Respirator
Type: _____
- _____ Supplied Air Breathing
Apparatus
- _____ Protective Clothing
Type: _____
- _____ Hearing Protection
- _____ Eye Protection
- _____ Personal Atmosphere Monitor
- _____ Communication Equipment
Type: _____
- _____ Other: _____

ELECTRIC EQUIPMENT/TOOLS

- _____ Low Voltage Tools/Lights
- _____ Ground-fault Interrupters
- _____ Approved for Hazardous
Environments

RESCUE EQUIPMENT REQUIRED

- _____ Fire Extinguisher
- _____ Harness/Lifeline
- _____ Tripod/Retrieval Equipment
- _____ Other: _____

PREPARATION REQUIRED

- _____ Notify affected departments of
service interruption
- _____ Isolate supply/return;
blanked-double valve; lock & tag
- _____ Zero Energy State (Lock
out/tag all energy sources)
- _____ Cleaned, drained, washed and
purged
- _____ Ventilation to provide fresh air
- _____ Emergency Response Team
Available
- _____ Employees informed of specific
confined space hazards
- _____ Procedures reviewed with each
employee
- _____ Atmospheric Tests in
compliance
- _____ Attach Hot Work Permit
- _____ Notified EH&S/RM Office
- _____ Other: _____

AUTHORIZED ENTRANTS:

AUTHORIZED ATTENDANT(S):

RESCUE SERVICES

Public Safety Department

Contact by campus telephone: 911

PERSONAL/AREA CONTINUOUS ATMOSPHERIC MONITORING EQUIPMENT

Monitoring Equipment Type: _____
Monitoring Equipment Serial Number: _____
Calibrated By: _____
Date Calibrated: _____

PRE-OPENING ATMOSPHERIC TEST EQUIPMENT

Test Equipment Type: _____
Test Equipment Serial Number: _____
Date Calibrated: _____
Calibrated By: _____
Person Conducting Pre-Opening Testing: _____

ATMOSPHERE TEST RESULTS

TIME	DISTANCE FROM ENTRANCE	RESULTS				OTHER: _____
		O ₂	LEL	H ₂ S	CO	
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

TEMPERATURE IN CONFINED SPACE: _____

ACCEPTABLE ATMOSPHERIC CONDITIONS ARE:

- OXYGEN BETWEEN 19.5% AND 23.5%
- COMBUSTIBLE GAS LESS THAN 10% OF LOWER EXPLOSIVE LIMIT (LEL)
- NO DETECTABLE AMOUNTS OF ANY OTHER ATMOSPHERIC CONTAMINANT

IF THESE CONDITIONS ARE NOT MET THE SPACE MAY NOT BE ENTERED AT THIS TIME. CONTACT EH&S DEPARTMENT BEFORE PROCEEDING.

A confined space entrant may not enter the confined space unless he has reviewed the permit. By signing below the entrant confirms that he has read, reviewed, and understood the work authorized by this permit and the information contained herein. Entrant also confirms that safety instructions and procedures have been received and are understood.

CONFINED SPACE SIGN IN LOG
(Times must be posted for each Entry and Exit)

ENTRANT	SIGNATURE	ENTRY	EXIT	ENTRY	EXIT	ENTRY	EXIT
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

CONFINED SPACE ENTRY SUPERVISOR CERTIFICATION

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: _____

Date: _____

Signature: _____

Time: _____