



CONFINED SPACE ENTRY PERMIT

Entry Date: _____ Job Start Time: _____ Job Completion Time: _____

Description of Work to be Performed:

Description of Space:

Permit Required

Confined Space ID	Description of Space	Classification
-------------------	----------------------	----------------

Building Number	Building Name/Address	Location of Confined Space
-----------------	-----------------------	----------------------------

Entry Checklist

Potential Hazards Identified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Communications Established with Operations Center	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hazard Assessment Reviewed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Entrants and Attendants Trained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Area Secured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Major Hazards Identified: Check All That Apply

<input type="checkbox"/> Oxygen Deficiency	<input type="checkbox"/> Steam	<input type="checkbox"/> Excessive Noise
<input type="checkbox"/> Oxygen Enriched	<input type="checkbox"/> Engulfment	<input type="checkbox"/> Protruding Objects
<input type="checkbox"/> Combustible Gas	<input type="checkbox"/> Entrapment	<input type="checkbox"/> Low Head Room
<input type="checkbox"/> Toxic Gas	<input type="checkbox"/> Slip, Trip, and Fall	<input type="checkbox"/> PCB-Containing Oils
<input type="checkbox"/> Chemical Contact	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Temperature Extremes
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Low Light	<input type="checkbox"/> Electrical Hazards
<input type="checkbox"/> Microbiological	<input type="checkbox"/> Lockout-Tagout Required	<input type="checkbox"/> Combustion Equipment in Use
<input type="checkbox"/> Dust	<input type="checkbox"/> High Wind Velocities	<input type="checkbox"/> Other _____

Confined Space Equipment and PPE Used During Entry

Work Boots	Safety Harness	4 Gas Meter	2-Way Radio
Hard Hat	Safety Glasses	Rescue Retrieval System	Other: _____

Initial Air Monitoring Results Prior to Entry

Acceptable Entry Conditions:

- All hazards identified and controlled
- O₂ 19.5% - 23.5%
- H₂S < 10ppm
- LEL < 10%
- CO < 35 ppm

Monitor Type: _____ Serial Number: _____

Time: _____ Oxygen: _____% LEL: _____% CO: _____ppm H₂S: _____ppm

Calibration Performed? YES NO Initials: _____ Bump Tested Performed? YES NO Initials: _____

Prohibited Conditions? YES NO

Monitoring Performed By (sign): _____ Date: _____ Time: _____

Authorization

For any emergency or unacceptable entry condition, contact the Campus Services Emergency Operations Center via 2-way radio or call 617-495-5560. We have reviewed the work authorized by this permit and the information contained here-in. Written instructions and safety procedures have been reviewed and are understood. All requirements for entry were met including the verification of acceptable entry conditions and the use of required PPE and entry equipment.

Entry Supervisor: _____ Signature: _____ Date: _____

THIS PERMIT IS VALID FOR 8 HOURS OR UNTIL THE JOB IS COMPLETED, WHICHEVER COMES FIRST

Periodic Air Monitoring Results

Time: _____ Oxygen: _____% LEL: _____% CO: _____ppm H2S: _____ppm

Time: _____ Oxygen: _____% LEL: _____% CO: _____ppm H2S: _____ppm

Time: _____ Oxygen: _____% LEL: _____% CO: _____ppm H2S: _____ppm

Time: _____ Oxygen: _____% LEL: _____% CO: _____ppm H2S: _____ppm

Time: _____ Oxygen: _____% LEL: _____% CO: _____ppm H2S: _____ppm

Time: _____ Oxygen: _____% LEL: _____% CO: _____ppm H2S: _____ppm

Time: _____ Oxygen: _____% LEL: _____% CO: _____ppm H2S: _____ppm

Time: _____ Oxygen: _____% LEL: _____% CO: _____ppm H2S: _____ppm

Attendants (List Names Below)	Time On	Time Off
Entrants (List Names Below)	Time In	Time Out

Work Closeout

The entry operations covered by this permit have been completed or a condition that is not allowable under the entry permit arises in or near the permit space. **Also, the Operations Center (617-495-5560) has been notified that all entrants are out of the space the entry has completed.**

Entry Supervisor: _____ Signature: _____ Date/Time: _____