

**MOUNT HOLYOKE COLLEGE CONFINED SPACE PROGRAM**

**Confined Space Entry Permit**

Date: \_\_\_\_\_

**Section 1: GENERAL INFORMATION**

LOCATION OF SPACE: \_\_\_\_\_

PURPOSE FOR ENTRY: \_\_\_\_\_

ENTRY SUPERVISOR: \_\_\_\_\_

Rescue Personnel: South Hadley Fire District 2 - Call 413-538-2304 to notify of entry

**Section 2: INSPECTION and CLASSIFICATION**

TIME OF INITIAL INSPECTION: \_\_\_\_\_

VISUAL INSPECTION (describe conditions):	TEST RESULTS:			
	O2	≥19.5	<input type="checkbox"/>	≤23
	LFL	≤10%	<input type="checkbox"/>	
	CO	≤35ppm	<input type="checkbox"/>	
	H2S	≤10ppm	<input type="checkbox"/>	

Is this a Non-Permit Required Confined Space?  Yes

**It Does not contain** atmospheric, engulfment, entrapment, fall hazard of > 6 feet, mechanical hazards, water infiltration, extreme temperatures, live steam lines, gas lines with valves or other devices that could release gas upon failure, electrical hazards, combustion sources, introduced hazards such as welding or chemical use or any other hazard capable of causing death or serious physical harm.

**If yes**, continue atmospheric testing while in the space and erect barriers as needed to protect others in the area. If an atmospheric or other hazard develops during entry, immediately exit and reclassify the space as permit required.

**This space has been evaluated and classified as Non-Permit Required.**

Entry Supervisor Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

No

If no, proceed with control measures and complete the Entry Permit process.

**Section 3: CONTROL MEASURES**

**EQUIPMENT IN PLACE**

<input type="checkbox"/> Retrieval System (all vertical entries)	<input type="checkbox"/> Other (describe):
<input type="checkbox"/> Barriers	
<input type="checkbox"/> GFCI for all electrical equipment	
<input type="checkbox"/> Communications Equipment	
<input type="checkbox"/> Personal Protective Equipment	

**SPACE ISOLATION/HAZARD CONTROL PRIOR TO ENTRY**

<input type="checkbox"/> ELECTRICAL LOCKOUT/TAGOUT	<input type="checkbox"/> HOT WORK PERMIT
<input type="checkbox"/> MECHANICAL LOCKOUT/BLOCKOUT	<input type="checkbox"/> OTHER (describe):
<input type="checkbox"/> Area Secured	

**VENTILATION REQUIRED SPACES**

Time Ventilation Equipment Put in Place: \_\_\_\_\_

Ventilation Power Source Secured from Tampering:  Yes

Introduced Hazards:  
 SEWER     Hot Work     Chemical     Other (describe):

Time of Initial Retest:			
RETEST	RESULTS:		
O2	≥19.5	<input type="checkbox"/>	≤23
LFL	≤10%	<input type="checkbox"/>	
CO	≤35ppm	<input type="checkbox"/>	
H2S	≤10ppm	<input type="checkbox"/>	

Time of Final Retest:			
RETEST	RESULTS:		
O2	≥19.5	<input type="checkbox"/>	≤23
LFL	≤10%	<input type="checkbox"/>	
CO	≤35ppm	<input type="checkbox"/>	
H2S	≤10ppm	<input type="checkbox"/>	

Acceptable Results must be sustained at least 10 minutes prior to entry.

**Section 4: ENTRY PERMIT**

**I have reviewed the work authorized by this permit and all conditions have been satisfied.**

**Entry is approved. Continuous Air Monitoring is required throughout entry.**

**Should any conditions change, all personnel must exit the space and a new permit must be issued.**

Entry Supervisor Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

(continue on back side)

**Section 5: ENTRY**

ENTRANTS LOG:	Name	Time In	Time Out	ATTENDANT LOG: Name	Time On	Time Off

**Section 6: TERMINATION**

Termination for Cause:                      Time:                      Describe Reason:  
 (all entrants out)

*If TERMINATED FOR CAUSE, A NEW Permit must be issued before reentry.*

Task Complete (all entrants out):              Time:

Space Secured and Equipment Inspected and Returned:                      Time:

Entry Supervisor Review:

Signature:

Date:

**Section 7: NOTES**

Large empty rectangular area for notes.