

Confined Space Entry & Tunnel Safety – Form 2: Confined Space Entry Permit

Return completed form to EH&S, SY CSB 207

1. THIS SECTION MUST BE COMPLETED FOR ALL CONFINED SPACE ENTRIES		
<input type="checkbox"/> Contact Public Safety at (971) 722-4902 prior to entering any confined space. Note the name of the Public Safety contact as well as the time below:		
Contact Name: _____		Date & Time: _____
<input type="checkbox"/> PCC EMPLOYEE	<input type="checkbox"/> CONTRACTOR	
<input type="checkbox"/> PERMIT-REQUIRED?	<input type="checkbox"/> ALTERNATE PROCEDURE?	<input type="checkbox"/> <i>Must provide own Confined Space Entry Permit.</i>
<input type="checkbox"/> Complete <u>ALL</u> sections.	<input type="checkbox"/> Complete Sections 1 to 6, and Section 10.	<input type="checkbox"/> <i>Must also complete sections 1 to 5, and 9 to 10 of this Form.</i>
Date and Time Issued:		
Date and Time Expired:		
Name of Authorizing Supervisor (PRINT):		
Signature: _____	Phone: _____	

2. CONFINED SPACE IDENTIFICATION		
Campus/Center/Building/Location:	Map #:	Space:
Summary of Space & Hazards:		
Purpose of Entry:		
3. HAZARDS (Select all that apply)	4. CONTROLS (List all controls to be used for both existing and new hazards)	
<input type="checkbox"/> Pre-opening hazards	HATCH OPENING – GUARD WITH PERSONNEL OR PROPER BARRIERS	<input type="checkbox"/> COMPLETED
<input type="checkbox"/> Oxygen deficiency	MECHANICAL VENTILATION	<input type="checkbox"/> COMPLETED
<input type="checkbox"/> Flammable atmosphere	MECHANICAL VENTILATION	<input type="checkbox"/> COMPLETED
<input type="checkbox"/> Toxic atmosphere	MECHANICAL VENTILATION	<input type="checkbox"/> COMPLETED
<input type="checkbox"/> Hazardous energy	Lockout/Tagout Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No List Sources: 1. _____ 2. _____ 3. _____	
<input type="checkbox"/> Engulfment		<input type="checkbox"/> COMPLETED
<input type="checkbox"/> Entrapping shape		<input type="checkbox"/> COMPLETED
<input type="checkbox"/> Falls		<input type="checkbox"/> COMPLETED
<input type="checkbox"/> Falling objects		<input type="checkbox"/> COMPLETED
<input type="checkbox"/> Hot environment		<input type="checkbox"/> COMPLETED
<input type="checkbox"/> Chemical	Please attach any SDSs to permit	<input type="checkbox"/> COMPLETED
<input type="checkbox"/> Welding	Attach copy of Hot Work Permit Permit #: _____	<input type="checkbox"/> COMPLETED

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<input type="checkbox"/> Electrical work	Lockout/Tagout Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	List Sources:	
	1. _____	
	2. _____	
<input type="checkbox"/> Special cleaning		<input type="checkbox"/> COMPLETED
<input type="checkbox"/> Sand blasting		<input type="checkbox"/> COMPLETED
<input type="checkbox"/> Loud noise		<input type="checkbox"/> COMPLETED

5. PPE & EQUIPMENT (Select All that Apply)

<input type="checkbox"/> Hard hat	<input type="checkbox"/> Goggles	<input type="checkbox"/> Fall protection	<input type="checkbox"/> Communication devices
<input type="checkbox"/> Boots	<input type="checkbox"/> Coveralls	<input type="checkbox"/> Rescue device	<input type="checkbox"/> Lighting
<input type="checkbox"/> Safety glasses	<input type="checkbox"/> Gloves	<input type="checkbox"/> Fire extinguisher	<input type="checkbox"/> Scaffolds
<input type="checkbox"/> Hearing protection	<input type="checkbox"/> Respirator	<input type="checkbox"/> Ladder	<input type="checkbox"/> Guard rails

6. ATMOSPHERIC MONITORING

“BUMP” Test done by: _____ DATE/TIME: _____

INSTRUMENT: MSA ALTAIR 4X S/N:

Contaminant	Entry Limits	Levels of Exposure					
% Oxygen	19.5% - 23.5%						
% LEL	<10%						
Toxic Vapors	CO <25ppm H ₂ S <5ppm						
TIME OF READING	(HH:MM)→						

Note: Initial test(s) must be conducted prior to entry to verify space conditions. Note concentrations prior to entry and after. Attendant(s) shall sample air continuously and periodically record results.

EVACUATE SPACE IMMEDIATELY IF ANY OF THE FOLLOWING CONDITIONS OCCUR:

- Air Monitor Alarms (unacceptable air quality)
- Ventilation/Fan shuts off
- Any other change to conditions in the space that present or introduce an uncontrolled hazard

7. RESCUE PROCEDURE & EQUIPMENT

(Select all that apply)

In case of EMERGENCY call:

PCC PUBLIC SAFETY DISPATCH AT 971-722-4444

- | | |
|---|--|
| <input type="checkbox"/> Do not enter space to attempt rescue | <input type="checkbox"/> PCC Rescue team to perform rescue |
| <input type="checkbox"/> Do not leave space until emergency services arrive | (for permit required confined space entries only) |

Rescue equipment inspected and ready: Tripod Winch Fall Arrest Harness

Signature of Employee who performed pre-inspection: _____

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8. CONFINED SPACE TEAM

Employees Entering the Confined Space:	
Names of Safety Attendants:	
Name of Supervisor:	
Names of Rescue Team (if applicable):	

9. CONTRACTOR PRE-ENTRY & POST-ENTRY DEBRIEF (Must be completed for any work performed by contractors)

Contractors Entering the Confined Space:	
Name (PRINT):	Signature:
Name (PRINT):	Signature:
Name (PRINT):	Signature:
PRE-ENTRY	
<input type="checkbox"/> Complete Section 1 to 5 above.	
<input type="checkbox"/> Provide completed Contractor Confined Space Entry Permit to attach to this Form.	
POST-ENTRY	
<input type="checkbox"/> List (new or unexpected) hazards encountered during entry:	
<input type="checkbox"/> List any hazards that were created by operations/activities performed in the space:	
<input type="checkbox"/> Was the confined space entry permit cancelled? If yes, explain why:	

10. PCC Project Manager / Entry Supervisor Certification to Close/Complete this Permit

Name (PRINT):	Signature:
Date:	Time: