

WASHINGTON ADVENTIST UNIVERSITY
 DEPARTMENT OF PUBLIC SAFETY
 TEL. 301-891-4019

Review: 3/2/2016

CONFINED SPACE ENTRY PERMIT

Date and time Issued:	Date and time Expired:
Job Site/ space ID:	Job Supervisor:
Equipment to be working on:	Work to be performed:
Stand by personnel:	

1. Atmospherics checks:			
Time:	Oxygen %	Explosive %	Toxic PPM %
Tester's signatures:			
2. Source isolation (no entry)	N/A	Yes	No
Pumps or lines blinded	()	()	()
Disconnected or blocked	()	()	()
3. Ventilation Modification	()	()	()
Mechanical	()	()	()
Natural ventilation only	()	()	()
4. Atmospheric check after isolation and ventilation:			
Oxygen:	%	> 19.5	%
Explosive:	% F.L.L	< 10	%
Toxic:	PPM	< 10	PPM H(2)S
Tester's Signature: _____			
5. Communication Procedure:			
6. Rescue Procedures:			
If for any reason during the course of working in the confined space an employee becomes ill or injured and a removal must be carried out, the safety observer will immediately use the radio to call the University Public Safety for help giving location and condition of individual needing assistance. The University Public Safety dispatcher will immediately dispatch officers (301-891-4019) and EMS # 911.			
7. Entry standby and back up person successfully completed training:		Yes	No
Is it current?		()	()
8. Equipment	N/A	Yes	No
Direct reading gas monitor tested	()	()	()
Safety harnesses & lifelines for entry	()	()	()
7 standby person hoisting equip			
SCBA's for entry and Standby Person	N/A	Yes	No
Protective Clothing			
All electrical equipment listed Class I, division I, Group D and Non sparking tools	()	()	()

9. Periodic Atmospheric tests:

Oxygen: _____% Time: _____
Oxygen: _____% Time: _____
Explosive: _____% Time: _____
Explosive: _____% Time: _____
Toxic: _____% Time: _____
Toxic: _____% Time: _____

Comments:

We have reviewed the work authorized by this permit and the information contained here-in. written instructions and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked in the no column. This permit is not valid unless all appropriate items are completed.

Permit Prepared by (Supervisor): _____

Approved by (Dept director): _____

Review by Safety Officer: _____

NOTE

This permit to be kept at job site. Return job site copy to the safety officer following job completion.