

ARKANSAS TECH UNIVERSITY
HEALTH & SAFETY POLICY

CONFINED SPACE ENTRY PERMIT

IMPORTANT: Entry Supervisor must call Russellville Fire Department (968-0911) prior to and immediately after the completion of a Confine Space entry.

Date: _____ Time: _____ AM / PM Department: _____

Space to be entered: _____ Purpose of Entry: _____

Entry Supervisor: _____ Entry Attendant: _____

Authorized Entrant (s): _____

Permit Expires: _____ AM / PM Work Complete: _____ AM / PM

Pre-Entry Call Time: _____ Person Contacted: _____

Post-Entry Call Time: _____ Person Contacted: _____

POTENTIAL HAZARD: (Check all that apply)

Oxygen Deficient _____ Engulfment/Entrapment _____ Oxygen Enriched: _____

Electrical _____ Explosive _____ Mechanical: _____

Toxic Atmosphere _____ Other: _____

PRE-ENTRY ISOLATION OR CONTROL MEASURE (S): (Check all the apply)

Lockout / Tag Out _____ Hot Work Permit _____ Blank / Binding _____

Double Block/Bleed _____ Mechanical Ventilation _____ Removal/Cleaning _____

Line Breaking _____ Natural Ventilation _____ Other: _____

Calibration: Fresh Air Calibration Yes _____ No _____ - If not, why? _____

ATMOSPHERIC TESTING / ACCEPTABLE ENTRY CONDITIONS:

	Initial Test Results Time: _____	After Control Measure Implemented	Periodic Testing Time: _____	Periodic Testing Time: _____	Periodic Testing Time: _____	Periodic Testing Time: _____
% Oxygen > 19.5 % < 23.5 %						
% L.E.L. < 10%						
Carbon Monoxide < 35 ppm						
Hydrogen Sulfide <10 PPM						
Ammonia (NH3) < 25 ppm						

Instrument Tested By: _____ Calibration Date: _____/_____/_____

ALL COMPLETED PERMITS MUST BE RETURNED TO THE SAFETY OFFICE AND MAINTAINED ON FILE FOR 1 YEAR