

SUNY GENESEO CONFINED SPACE ENTRY PERMIT

Appendix C

Name/Job Title: (Please Print): _____

This form applies to one location only, and cannot be issued for a time period exceeding an uninterrupted shift.

Supervisor (compliant Person) Signature and Date: _____

Attendant Name, Date of Entry: _____

Entrant Start Time: _____ Completion Time: _____

Purpose for Confined Space Entry: _____

Location of Confined Space: _____

Tests

Test must be taken in the following order: Test to be taken	Limit	Test Results				Equip. Name	Serial No.	Cal, Date	Initials
% Oxygen (O2)	19.5%-23.5%								
% LEL flammable concentrations	<10%								
Carbon Monoxide (CO)	<25%								
Hydrogen Sulfide (H2S)	<10%								
Other									
Time									

Note: Continuous/periodic tests shall be established before starting job or interruption of the work process.

Pre-entry Checklist

<input type="checkbox"/> Verify adequate confined space training <input type="checkbox"/> Pre-entry briefing on specific hazards and control methods <input type="checkbox"/> Notify subcontractors of permit and hazard conditions <input type="checkbox"/> Non-entry rescue and procedure in place <input type="checkbox"/> Notify affected departments and persons of service interruption <input type="checkbox"/> Drain space <input type="checkbox"/> Isolation of pumps/lines <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: _____	Control of hazardous energy: <input type="checkbox"/> Lockout/Tagout (LO/TO) <input type="checkbox"/> Hot Work permit required <input type="checkbox"/> Zero-voltage verification <input type="checkbox"/> Other: <input type="checkbox"/> Communication <input type="checkbox"/> Radio <input type="checkbox"/> Rope signals <input type="checkbox"/> Hand signals <input type="checkbox"/> Verbal <input type="checkbox"/> Lighting <input type="checkbox"/> Hazardous location rated <input type="checkbox"/> Standard <input type="checkbox"/> Air flush <input type="checkbox"/> Preliminary <input type="checkbox"/> Continuous <input type="checkbox"/> Other: _____
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Requirements Checklist (Check all that apply)

Equipment	Personal protective equipment and personal monitors
Non-entry rescue equipment <input type="checkbox"/> Full body harness <input type="checkbox"/> Tripod/hoist <input type="checkbox"/> Lifeline Area security: <input type="checkbox"/> Warning signs <input type="checkbox"/> Barricades <input type="checkbox"/> Ladder <input type="checkbox"/> Fall protection equipment <input type="checkbox"/> Ventilation fan/blower <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Respirator Type: _____	<input type="checkbox"/> Gloves Type: _____ <input type="checkbox"/> Face/eye protection Type: _____ <input type="checkbox"/> Footwear Type: _____ <input type="checkbox"/> Coveralls <input type="checkbox"/> Head Protection <input type="checkbox"/> Other: _____

Rescue Procedures: Call University Police x5222 or 911 to request Geneseo Fire Department to respond. Present Confined Space Permit to responding personnel.

I have reviewed the work authorized by this permit and the information pertaining to each item. Safety procedures have been received and are understood by all personnel.

Entry Supervisor: _____ **Date:** _____