SUNY GENEO 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

<table>
<thead>
<tr>
<th>Test to be taken</th>
<th>Limit</th>
<th>Test Results</th>
<th>Equip. Name</th>
<th>Serial No.</th>
<th>Cal, Date</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Oxygen (O2)</td>
<td>19.5%-23.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% LEL flammable concentrations</td>
<td>&lt;10%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carbon Monoxide (CO)</td>
<td>&lt;25%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hydrogen Sulfide (H2S)</td>
<td>&lt;10%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other

Time

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

Pre-entry Checklist

- □ Verify adequate confined space training
- □ Pre-entry briefing on specific hazards and control methods
- □ Notify subcontractors of permit and hazard conditions
- □ Non-entry rescue and procedure in place
- □ Notify affected departments and persons of service interruption
- □ Drain space
- □ Isolation of pumps/lines □N/A □Yes □No
- □Other: _______________________________________

Control of hazardous energy:

- □ Lockout/Tagout (LO/TO)
- □ Hot Work permit required
- □ Zero-voltage verification
- □ Other:
  - □ Communication □ Radio □ Rope signals
  - □ Hand signals □ Verbal
  - □ Lighting □ Hazardous location rated □ Standard
  - □ Air flush □ Preliminary □ Continuous
  - □ Other: _______________________________________

Requirements Checklist (Check all that apply)

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Personal protective equipment and personal monitors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-entry rescue equipment</td>
<td>□ Gloves Type: ____________________________</td>
</tr>
<tr>
<td>□ Full body harness □ Tripod/hoist □ Lifeline</td>
<td>□ Face/eye protection Type: ______________________</td>
</tr>
<tr>
<td>Area security: □ Warning signs □ Barricades</td>
<td>□ Footwear Type: ____________________________</td>
</tr>
<tr>
<td>□ Ladder □ Fall protection equipment</td>
<td>□ Coveralls</td>
</tr>
<tr>
<td>□ Ventilation fan/blower □ Fire extinguisher</td>
<td>□ Head Protection</td>
</tr>
<tr>
<td>□ Respirator Type: ______________________</td>
<td>□ Other: ________________________________</td>
</tr>
</tbody>
</table>

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: ____________________________