

**OKLAHOMA STATE UNIVERSITY
ENVIRONMENTAL HEALTH & SAFETY
CONFINED SPACE ENTRY PERMIT**

Permit Number _____ Date _____

Location & Description of Confined Space:

Purpose of Entry:

Scheduled Start _____	a.m. p.m.	Scheduled Finish _____	a.m. p.m.
Day / Date / Time		Day / Date / Time	

Employee(s) in charge of entry: _____

Entrants:

Attendants:

Pre-Entry Authorization:

{Check those items below which are applicable to your confined space permit.}

TYPES OF HAZARDS

- | | | |
|--|---|---|
| <input type="checkbox"/> Oxygen-Deficient Atmosphere | <input type="checkbox"/> Engulfment | <input type="checkbox"/> Energized Electrical Equipment |
| <input type="checkbox"/> Oxygen-Enriched Atmosphere | <input type="checkbox"/> Toxic Atmosphere | <input type="checkbox"/> Entrapment |
| <input type="checkbox"/> Welding/Cutting | <input type="checkbox"/> Flammable Atmosphere | <input type="checkbox"/> Hazardous Chemical |

Note: If welding/cutting operations are to be performed, attach form (3039) to entry form.

SAFETY PRECAUTIONS

- | | | |
|---|---|---|
| <input type="checkbox"/> Self-Contained Breathing Apparatus | <input type="checkbox"/> Protective Gloves | <input type="checkbox"/> Barricade Job Area |
| <input type="checkbox"/> Air-Line Respirator | <input type="checkbox"/> Lifelines | <input type="checkbox"/> Signs Posted |
| <input type="checkbox"/> Fire-Retardant Clothing | <input type="checkbox"/> Respirators | <input type="checkbox"/> Clearances Secured |
| <input type="checkbox"/> Ventilation | <input type="checkbox"/> Lockout/Tagout | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Remarks | <input type="checkbox"/> Fire Extinguishers | <input type="checkbox"/> Ground Fault Interrupter |

ENVIRONMENTAL CONDITIONS

TESTS TO BE TAKEN

DATE / TIME

Oxygen: _____% _____ a/p
Lower Explosive Limit: _____% _____ a/p
Toxic Atmosphere: _____
Instruments Used: _____

RE-TESTING

DATE / TIME

Oxygen: _____% _____ a/p
Lower Explosive Limit: _____% _____ a/p
Toxic Atmosphere: _____
Instruments Used: _____

Employee Conducting Safety Checks  **SIGNATURE:** _____

Remark on the overall condition of the confined space.

ENTRY AUTHORIZATION

All actions and/or conditions for safe entry have been performed.

Person in Charge of Entry _____

PLEASE PRINT

ENTRY CANCELLATION

Entry has been completed and all entrants have exited permit space.

Person in Charge of Entry _____

PLEASE PRINT

**IN CASE OF EMERGENCY CALL 911
{CFR 1910.146 (f)(11)}**