

PERMIT-REQUIRED CONFINED SPACE PROCEDURES AND ENTRY PERMIT

Yale University employees are only authorized to enter Permit-Required Confined Spaces (PRCS) after having received training in specialized entry procedures. Notify Supervisor or Control Center before entering and upon exiting space. PRCS's include, but are not limited to, tanks, boilers, combustion chambers, and spaces with moving machinery.

Job Site/Space ID Number _____ Job Supervisor _____

Location _____

Purpose of Entry/Description of Work _____

PREPARATION

1. Follow appropriate pre-entry Lock Out/Tag Out (LOTO) procedures.
2. Protect Entry Perimeter.
3. Check air monitor calibration status and battery condition.
4. Arrange for ventilation equipment and power supply as needed.
5. Arrange for standby person and communication, as required.
6. Arrange for Rescue Equipment or personnel, as required.

ON-SITE MONITORING

1. Test air at the top of the space (through the cover for manholes). Record the results.
2. If acceptable, open the cover. Test the air at the middle and bottom of the space. Record the results. If you receive a combustibility reading, notify your supervisor and the Office of Environmental Health and Safety (OEHS).
DO NOT ENTER THE SPACE!
3. If the air is not safe, ventilate, purge and retest. If the atmosphere does not clear,
DO NOT ENTER THE SPACE!
4. Ventilate the space for a minimum of 10 minutes.
5. Continuously monitor the space and record the results every 15 minutes. Retest the air after breaks and lunch.

ATMOSPHERIC CHECK: INITIAL

Instrument:

Name: _____ Model Number: _____ Serial Number: _____

Time: _____ Toxic: _____ Type _____ %PPM

Oxygen: _____ %

Explosive: _____ % LFL

Toxic: _____ Type _____ %PPM

Testers Signature: _____

PREPERATION

SOURCE ISOLATION, i.e. LOTO (NO ENTRY REQUIRED)	N/A	YES	NO
Pumps or lines Blocked or Blinded			
Pumps or lines Disconnected			
Electrical source disconnected			
Hydraulic, pneumatic, steam, water disconnected			
Other:			
AREA PROTECTION	N/A	YES	NO
Barriers			
Signage			
Traffic Control			
Other:			

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VENTILATION

VENTILATION MODIFICATION	N/A	YES	NO
Mechanical			
Natural Ventilation			
Other:			

ATMOSPHERIC CHECK: AFTER ISOLATION AND VENTILATION

Time: _____ Toxic: _____ Type _____ %PPM
 Oxygen: _____ %
 Explosive: _____ % LFL Toxic: _____ Type _____ %PPM
 Testers Signature: _____

COMMUNICATION PROCEDURES

RESCUE PROCEDURES-DISCRIBE

EMERGENCY AND RESCUE PROCEDURES

- First summon help. Call 911 from any phone
- Indicate location and that incident involves a Confined Space Emergency
- Initiate self- or non-entry rescue as necessary and feasible: entry rescue only per rescue plan using qualified team personnel only
- If a person is down for no apparent reason, you must assume that a toxic gas or oxygen deficient atmosphere exists. **DO NOT ENTER THE SPACE**
- Coordinate balance of rescue with other emergency services

EQUIPMENT

TYPE	YES	NO	N/A
Direct reading gas monitor			
Safety harness and lifelines			
Hoisting equipment			
Communications equipment			
SCBA's for entry and standby rescue persons			
Protective clothing			
All electric equipment listed Class I, division I, Group D and non-sparking tools			
Low voltage or explosion proof lighting			
Other:			

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AUTHORIZATION

We have reviewed the authorized work and written instructions; safety procedures have been received and are understood. Entry cannot be approved if any of the TABLE items are marked as "NO". This permit is not valid unless all appropriate items are completed and signatures obtained.

TITLE (ATTENDANT, ENTRANT, RESCUE)	PRINT NAME	SIGNATURE	TRAINING (YES/NO)

PERIODIC ATMOSPHERIC TESTS

TIME OF READING	OXYGIN Safe Range (19.5-23.5%)	LEL Safe Range (<10%)	CO Safe Range (<35ppm)	TOXIC Safe Range (_____)	TOXIC Safe Range (_____)	TESTER'S SIGNATURE

COMMENTS:-

Date/Time Entered _____ Date/Time Exited _____ Permit Expiration Date _____

Supervisor's Signature _____ Date _____
(Required)

**Keep this log at the work site during the operation
Complete this form and return it to your supervisor when finished.**