PERMIT-REQUIRED CONFINED SPACE PROCEDURES AND ENTRY FORM

Yale University employees are only authorized to enter Permit-Required Confined Spaces after having received training in specialized entry procedures. Trained rescue personnel are required. Notify Supervisor or Control Center before entering and upon exiting space.

Job Site/Space ID Number _____ Job Supervisor _____

Equipment to be worked on _____

Work to be performed _____

_____

PREPARATION

1. Follow appropriate pre-entry Lock Out/Tag Out (LOTO) procedures.
2. Check air monitor calibration status and battery condition.
3. Arrange for ventilation equipment and power supply as needed.
4. Arrange for standby person and communication, as required.
5. Arrange for Rescue Equipment and/or Entry Rescue Team, 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 the combustibility reading at the bottom is greater than at the top of the space, notify your supervisor and Yale EHS.

   DO NOT ENTER THE SPACE!
3. If the air in 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 hour. Retest the air after breaks and lunch.

ATMOSPHERIC CHECK: INITIAL

Time: _____
Oxygen: _____% (19.5-23%)
Explosive: _____% LFL (<10%)
H2S: _____% PPM (<10 ppm)
CO: _____% PPM (35 ppm) Supervisor Signature: _____

PREPERATION

SOURCE ISOLATION (NO ENTRY REQUIRED)	N/A	YES	NO
Pumps or lines Blinded			
Pumps or lines Disconnected			
Pumps or lines Blocked			
Other:			

VENTILATION

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

ATMOSPHERIC CHECK: AFTER ISOLATION AND VENTILATION

Time: _____
Oxygen: _____% (19.5-23%)
Explosive: _____% LFL (<10%)
H2S: _____% PPM (10 ppm)
CO: _____% PPM (35ppm) Supervisor Signature: _____

INSTRUMENT:

Name: _____ Model Number: _____ Serial Number: _____

COMMUNICATION PROCEDURES

_____
_____
_____

EMERGENCY AND RESCUE PROCEDURES

- Notify Police and Security: 432-4400, 785-5555, x911 from Yale Phone, 911 from any other phone
- Indicate location and that incident involves a Confined Space Emergency
- Initiate rescue as necessary and feasible: self-entry or non-entry first if possible, entry rescue per rescue plan using qualified rescue team personnel only
- Coordinate balance of rescue with other emergency services
- List additional or other emergency response and rescue procedures below:

_____
_____
_____
_____
_____

TRAINING

PRINT NAME (ATTENDANT, ENTRANT, BACK-UP, RESCUE)	**TRAINING**		
	YES	**NO**	**CURRENT**

EQUIPMENT

TYPE	**YES**	**NO**	**N/A**
Direct reading gas monitor			
Safety harnesses and lifelines for entry and standby persons			
Hoisting equipment			
Powered communications			
SCBA's for entry and standby persons			
Protective clothing			
All electric equipment listed Class I, division I, Group D and non-sparking tools			
Other:			

PERIODIC ATMOSPHERIC TESTS
Instrument:
Name: _____ Model Number: _____ Serial Number: _____

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

AUTHORIZATION
We have reviewed the work authorized by this permit and the information contained here-in. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any of the TABLE items are marked in the "NO" column. This permit is not valid unless all appropriate items are completed and signatures obtained.

TITLE **(ATTENDANT, ENTRANT, BACK-UP, RESCUE)**	**PRINT NAME**	**SIGNATURE**

Date/Time Entered _____Date/Time Exited _____Permit Expiration Date_____

Supervisor's Signature _____ Date _____

DEBRIEIFING NOTES:_____
_____
_____
_____
_____
_____
_____
_____

Keep this log at the work site during the operation. Note any comments, feedback and suggestions on this form ("Debriefing Notes"). Complete this form and return it to your supervisor when finished for retention of at least 2 years.