

Appendix E

UNDERGROUND ELECTRICAL INSTALLATIONS ENTRY PERMIT

To be used for routine entry into meter vaults, telecommunications vaults, electrical manholes where no electrical work (other than with a Lock-Out/Tag-Out procedure) will be done. If these conditions change, a Confined Space Entry Permit is required. Routine work includes inspection, housekeeping, taking readings, or similar routine low hazard work. Notify Supervisor or Control Center before entering and upon exiting space.

Yale University employees are only authorized to enter confined spaces after having received training in specialized entry procedures.

Date _____ Location _____ Type of Space _____

Reason for Entry _____ Form Completed By _____

Person(s) Entering _____

PREPARATION

1. Check air monitor calibration status and battery condition.
2. Arrange for ventilation equipment and power supply.
3. Arrange for standby person and communication.

ON-SITE MONITORING

1. Test air at the top of the space through the cover. Record the results.
2. If acceptable, open the cover. Test the air at the 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 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 5 minutes.
5. Continuously monitor the space and record the results every hour. Retest the air after breaks and lunch.

MEASUREMENT

Instrument:

Name: _____ Model Number: _____ Serial Number: _____

TIME OF READING	OXY Safe Range (19.5-23.5%)	LEL Safe Range (<10%)	CO Safe Range (<35ppm)	OTHER

If an emergency should occur, first summon help. Call Ext. 111, 432-4400, or 911 and request help from the fire department. Tell the operator that you have a "manhole rescue situation". If a person is down for no apparent reason, you must assume that toxic gases or oxygen deficient atmosphere conditions exist. **DO NOT ENTER THE SPACE** – Fire department personnel using self-contained breathing apparatus and full protective gear will manage the rescue effort.

Date/Time Entered _____ Date/Time Exited _____

Supervisor's Signature _____ Date _____

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