ARIZONA STATE UNIVERSITY - RISK MANAGEMENT
Confined Space Entry Permit

Date & Time Issued: ___________________ Date & Time Expires: ___________________
Job Site: ___________________________ Job Site Supervisor: ___________________
Equipment to be Serviced: _____________________________________________________
Type of Work to be Performed: ________________________________________________

1. Atmospheric Checks: 
   Time: ___________  Oxygen: ___________ (>19.5%)
   Explosive: ___________ (LEL<10%)  Toxic: ___________ (<10PPM hydrogen sulfide)

2. Source Isolation: 
   Pumps or lines blinded, disconnected or blocked: N/A  Yes  No

3. Ventilation Modification: 
   Mechanical: □  □  □
   Natural Ventilation Only: □  □  □

4. Atmospheric check after isolation and ventilation: 
   Time: ___________  Oxygen: ___________ (>19.5%)
   Explosive ___________ (LEL <10%)  Toxic: ___________ (<10PPM hydrogen sulfide)

If conditions are in compliance with the above requirements and there is no reason to believe conditions may change adversely, proceed to the Pre-Entry Checklist. Complete and post, along with this form, at point of entry. If conditions are not in compliance or are expected to change adversely, proceed to the Entry Checklist below.

Entry Checklist:

1. Entry, standby, and backup personnel: N/A  Yes  No
   Successfully completed required training? □  □  □
   Is training current? □  □  □

2. Equipment checked: 
   Direct reading gas monitor: □  □  □
   Safety harness and lifelines: □  □  □
   Hoisting equipment: □  □  □
   Powered Communications: □  □  □
   SCBA's for entry & standby personnel: □  □  □
   Protective clothing: □  □  □
   Is all electrical equipment listed Class I, Division 1, Group D and Non-sparking tools? □  □  □

3. Rescue Procedure: _________________________________________________________

We have reviewed the work authorized by this permit and the information contained herein. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked "No". This permit is not valid unless all appropriate items are complete.

Permit and checklist prepared by: Jennifer Barber, Industrial Hygienist
(Print and Sign Name)

Approved by: _______________________________________________________________
                 Project Supervisor (Print and Sign Name)

Reviewed by: _______________________________________________________________
               _______________________________________________________________
Entry Personnel  Entry Personnel

This permit will be posted at the job site. Return job site copy to Risk Management following job completion.