



Instructions: This form indicates that the only hazard posed by the permit space is an actual or potential hazards atmosphere and that forced air ventilation alone is sufficient to maintain safe entry. 1910.146(c)(i) A copy of the permit should be posted at the entry of the space until the work is complete or canceled. Provide a copy @ ehs@isu.edu or contact EHSS Safety Programs Manager with any questions (208)282-2310

Form with fields: Date of Entry, Time of Entry, Date of Exit, Time of Exit, Location of Work, Reason for Entry, Scope of Work, Is Forced Air Being Used?, Forced Air type, and checkboxes for frequency.

PARTIES IDENTIFIED FOR ENTRY

Form with fields: Supervisor Name, Signature, Attendant Name, Signature, Entrant #1, Signature, Entrant #2, Signature.

In case of an emergency, dial 911. Let the operator know you are in need of confined space rescue assistance from the fire department. DO NOT ENTER THE SPACE! Contact ISU public safety @ (208)282-2515 and begin non entry rescue if applicable

All above that sign, verify they have been trained on Confined Space Entry and acknowledge they have been given a chance to review entry condition and agree all potential hazards have been evaluated. Includes checkboxes for Yes/No and Initial fields.

AIR MONITORING RESULTS

Form with fields: Instrument Model, Date of last calibration, Intervals air will be monitored, and a table for monitoring results with columns for TIME, LOCATION OF AIR SAMPLE, OXYGEN, LEL, CO, and H2s.



Comments / Issues Encountered During Entry:

Four horizontal lines for writing comments.

Work has been: Completed Canceled Done for the Day

Authorized Signature: _____ Date: _____ Time: _____

ENTRY CONSIDERATIONS

Communication Method:

- Verbal
- Visual
- Two Way Radio
- Other _____

Additional Lighting Needed:

- Flashlight
- Headlamps
- Other _____
- N/A

ADDITIONAL ENTRY CONDERATIONS

Additional PPE:

- | | | |
|--|--|---|
| <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Head Protection | <input type="checkbox"/> Dust Mask |
| <input type="checkbox"/> Gloves: _____ | <input type="checkbox"/> Knee Pads | <input type="checkbox"/> Respirator (<i>requires training & fit testing prior to use</i>) |
| <input type="checkbox"/> Protective Footwear | <input type="checkbox"/> Harness | <input type="checkbox"/> Safety Glasses/Goggles |
| <input type="checkbox"/> Face Shield | <input type="checkbox"/> Tyvek | <input type="checkbox"/> Other: _____ |

Additional Considerations:

- | | | |
|--|--|--|
| <input type="checkbox"/> Lockout Tagout | <input type="checkbox"/> Barricade Entry | <input type="checkbox"/> Emergency services contacted prior to entry |
| <input type="checkbox"/> Hot Work (<i>Requires a Permit</i>) | <input type="checkbox"/> Perimeter Established | <input type="checkbox"/> Migrating Vapors/Gases |
| <input type="checkbox"/> Tripod with Winch (<i>requires training prior to use</i>) | <input type="checkbox"/> Portable Ladders | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Generator | |