

## PERMIT-REQUIRED CONFINED SPACE PRE-ENTRY FORM

**PRE-ENTRY SCREENING** [Complete this portion of the Confined Space Pre-Entry Form **BEFORE** entry into **EVERY** permit-required confined space]

Date and Time Issued: \_\_\_\_\_ Job site \_\_\_\_\_

Purpose of Entry: \_\_\_\_\_

**Pre-Entry:**

1. **Atmospheric Checks:** Time: \_\_\_\_\_ Oxygen: \_\_\_\_\_ %  
 Explosive: \_\_\_\_\_ % LFL  
 Toxics: H<sub>2</sub>S \_\_\_\_\_ PPM CO \_\_\_\_\_ PPM
  
2. **Source isolation:** N/A Yes No  
 Pumps or Lines Blinded/Disconnected/Blocked ( ) ( ) ( )  
 Mechanical Hazards Locked Out ( ) ( ) ( )  
 Electrical Hazards Locked Out ( ) ( ) ( )
  
3. **Ventilation Conditions:** Yes No NA  
 Was mechanical ventilation necessary and put in place? ( ) ( )  
 If NO, does potential exist for atm. to change adversely? ( ) ( )
  
4. **Atmospheric Check After Isolation and Ventilation Modifications:** Time \_\_\_\_\_  
 Oxygen \_\_\_\_\_ % > 19.5% AND < 23.5%  
 Explosive \_\_\_\_\_ % LFL < 5%  
 Toxics \_\_\_\_\_ PPM H<sub>2</sub>S < 10 PPM H<sub>2</sub>S  
 \_\_\_\_\_ PPM CO < 35 PPM CO  
 \_\_\_\_\_ PPM \_\_\_\_\_ < ½ OSHA PEL \_\_\_\_\_ PPM

**PRE-ENTRY CHECKLIST** [Complete this portion of the Pre-Entry Form **ONLY IF** conditions are **not** in compliance with the **PRE-ENTRY SCREENING** requirements, or there is reason to believe that conditions may change adversely from those identified on the **PRE-ENTRY SCREENING**. **If this portion of the Pre-Entry Form is completed, an ENTRY PERMIT must also be completed and posted next to the Pre-Entry Form at the entrance to the confined space**].

Job Supervisor: \_\_\_\_\_

Work to be Performed: \_\_\_\_\_

**Entry:**

1. Entry, stand-by, and back-up persons have all successfully completed training? Yes No  
 ( ) ( )
  
2. Equipment: N/A Yes No  
 Direct reading gas monitor ( ) ( ) ( )  
 Gas monitor tested this shift ( ) ( ) ( )  
 Safety harnesses/lifelines ( ) ( ) ( )  
 Stand-by Persons (i.e., Attendants) ( ) ( ) ( )  
 Hoisting equipment (e.g., winch) ( ) ( ) ( )  
 Powered Communications (e.g. 2-way radios) ( ) ( ) ( )  
 Personal Protection Equipment/Clothing ( ) ( ) ( )  
 All electric equipment listed Class I, Division I, Group D and Non-sparking tools ( ) ( ) ( )

If continuous forced air ventilation is *not* necessary to reach/maintain acceptable atmospheric conditions, and any/all non-atmospheric hazards have been successfully locked out (or otherwise eliminated), and activities in the space are not expected create new hazards, the space may be *temporarily* **declassified**; Complete a **Permit-Required Space Declassification Certification Form** and post it at the entrance to the space (next to this Confined Space Pre-Entry Form). No further documentation is necessary....**OR**

If continuous forced air ventilation is necessary to reach/maintain acceptable atmospheric conditions, but there were **NO OTHER** hazards presented in the space, and activities in the space are not expected create new hazards, the space may be designated a "(c)(5)(i) Confined Space." Complete a (c)(5)(i) **Confined Space Pre-Entry Survey** and post it at the entrance to the space (next to this Confined Space Pre-Entry Form). No further documentation is necessary....**OR**

If continuous forced air ventilation *and* lock-out procedures are both required to eliminate hazards in the space, or there is reason to believe that *currently* acceptable (atmospheric or non-atmospheric) conditions in the space could change adversely (based on the nature of the space *and/or* activities to be performed therein), you must designate the space a "Permit-Required Confined Space." Complete the **Pre-Entry Checklist** portion of this Form, and and post this form next to a completed **P-R Confined Space ENTRY PERMIT** at space entrance.

**Rescue Procedure:**

**ATTEMPT TO RESCUE A DOWNED INDIVIDUAL WITH THE WINCH/RESCUE LINE ONLY; DO NOT ENTER THE SPACE.**

**USE YOUR TWO-WAY RADIO (IF AVAILABLE) TO REACH OU POLICE, OR INSTRUCT SOMEONE TO DIAL 911 FROM A CAMPUS PHONE (OR 248-370-3333 FROM A CELLULAR PHONE) IMMEDIATELY AND TELL THE OUPD POLICE DISPATCHER THAT YOU HAVE AN INJURED INDIVIDUAL IN A "CONFINED SPACE" AND TO CONTACT THE FIRE DEPARTMENT IMMEDIATELY.**

**NO UNAUTHORIZED PERSONNEL ARE TO ENTER THE SPACE, INCLUDING OU POLICE!!!**

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

Pre-Entry Form Completed By: (Entry Supervisor) \_\_\_\_\_

Approved By: (Unit Supervisor) \_\_\_\_\_