

LEHIGH UNIVERSITY
(8) EIGHT-HOUR CONFINED SPACE PERMIT

DATE: _____ TIME: _____ CONFINED SPACE #: _____

LOCATION: _____

DESCRIPTION OF WORK: _____

PRE-ENTRY CHECKLIST	YES	NO
1. Have all hazards been isolated? i.e. electrical, pneumatic, mechanical, hydraulic C safely locked out?		
2. Is the area free of hazards such as drifting vapors?		
3. Has the monitor been calibrated and properly zeroed?		
4. Are you trained in the operation of the monitor?		
5. Will the atmosphere be continually monitored?		
6. Do you have emergency communication available? i.e. phone, radio?		
7. Will the type of work you are performing create a toxic atmosphere?		
8. Have emergency procedures been reviewed?		
9. Does everyone have appropriate PPE?		
10. Do you feel safe about the work you are performing?		

AIR QUALITY (PRE-ENTRY TEST)

Oxygen (19.5 - 22%) _____%
 Explosive (10% or less) _____%
 CO _____ PPM (Parts Per Million) H₂S _____ PPM Other _____ PPM

Is additional ventilation required? _____ YES _____ NO
 If so, retest atmosphere and record results:

Oxygen (19.5 - 22%) _____%
 Explosive (10% or less) _____%
 CO _____ PPM (Parts Per Million) H₂S _____ PPM Other _____ PPM

AIR QUALITY (INSIDE CONFINED SPACE)

Oxygen (19.5 - 22%) _____%
 Explosive (10% or less) _____%
 CO _____ PPM (Parts Per Million) H₂S _____ PPM Other _____ PPM

LEADMAN SIGNATURE: _____

DATE: _____

SUPERVISOR SIGNATURE: _____

DATE: _____

ATTENDANTS

ENTRANTS

1. If there are any alarms - Evacuate the area.
2. If you have any questions, speak to your supervisor or call Environmental Health and Safety, X84251, prior to beginning any work.

SEND A COPY OF THE COMPLETED FORM TO:
Environmental Health and Safety
211 Warren Square