

GEORGIA INSTITUTE OF TECHNOLOGY
ENVIRONMENTAL HEALTH AND SAFETY
CONFINED SPACE ENTRY PERMIT

Instructions: This form must be completed by the Georgia Tech Permit Issuer prior to performing any confined space work on Georgia Tech campus. This permit must remain at the job site until work is completed. After work is completed the permit should be kept in the project file.

PERMIT MUST REMAIN POSTED AT JOB SITE AT ALL TIMES.

Project Name: _____

Confined Space (description): _____

Location of Confined Space: _____

Purpose of Entry: _____

Date of Entry: _____

Permit Expiration Date: _____

Entry Time: _____ **Exit Time:** _____

Authorized Supervisor: _____

Authorized Attendant(s): _____

Authorized Entrant(s): _____

Hazards Associated with Space

Known Hazards and Special Precautions: _____

TYPES OF HAZARDS

<input type="checkbox"/> Oxygen-Deficient Atmosphere	<input type="checkbox"/> Engulfment	<input type="checkbox"/> Energized Electrical Equipment
<input type="checkbox"/> Oxygen-Enriched Atmosphere	<input type="checkbox"/> Toxic Atmosphere	<input type="checkbox"/> Entrapment
<input type="checkbox"/> Welding/Cutting	<input type="checkbox"/> Flammable Atmosphere	<input type="checkbox"/> Hazardous Chemical
<input type="checkbox"/> Atmospheric	<input type="checkbox"/> Engulfment	<input type="checkbox"/> Energy

Note: Welding/cutting operations requires a Hot Work permit.

Other Permits Required: Y N If yes, identify _____ Permit Expiration Date: _____

Required Special Precautions	Yes	No	Required Personal Protective Equipment	Yes	No
Lockout/Tagout			Radiation Dosimetry – (e.g. TLD Badge, Pocket)		
Purge Area - Flush and Vent			Good Lighting		
Secure Area - Post and Barricade			Self-Contained Breathing Apparatus		
Mechanical Ventilation			Personal Air Monitor – (Gas Monitor)		
Harness			Protective Clothing / Coveralls		
Lifeline			Footwear – (Safety Shoes, Boots)		
Retrieval Device – Tripod, Cables/Rope			Face / Eye Protection – (Safety Glasses, Face Shield...)		
Spark Proof Tools			Hearing Protection		
Communication with ENTRANT(S)	x		Gloves		
Verbal / Radio (Circle selection)			Respirator Type:		
Communication with Rescue Team	x		Entrant(s) Respirator Trained		
Cellular Phone / Phone (Circle selection)			Entrant(s) Fit Tested		
Radio			Fire Extinguisher		

RESCUE TEAM

Team Names: _____

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Air Monitoring Equipment Data

Calibration By: _____ **Department:** _____

Manufacturer	Model #	Instrument #

Atmospheric Testing Data

Date	Time	Location of Reading	%Oxygen (19.5% To 23.5%)	Flamm %LEL (Below 10%)	Carbon Monoxide CO (Below 25 ppm)	Hydrogen Sulfide H2S (Below 5 ppm)	Other Toxics	Atmosphere Tested By Initials	
								1	2

NOTE: Testing results shall be recorded at a minimum of at least twice per hour, continuous monitoring preferred.

Permit Authorization

Entry Authorization / Supervisor Signature _____ **Time** _____ **Date** _____

The entry authorization signature certifies that all precautions and equipment specified by this permit are in place and all atmospheric testing is within allowable limits to allow entry.

Cancellation of Permit

Permit Cancellation Signature (Entry Supervisor) _____ **Time** _____ **Date** _____

The entry supervisor cancels the permit when the work authorized by the permit is completed or an unacceptable condition has occurred.

Emergency: If an entry rescue is required, only a properly trained and protected entry Attendant or Entry Supervisor may enter the space to rescue the victim; and he/she **MUST** call the City of Atlanta Fire Department: **9-911** or Georgia Tech Police at (404) 894-2500 and immediately notify the EHS Department at (404) 216-5237.