



Confined Space Entry Permit

College at Oneonta Facilities and Safety

This Entry Permit must be retained by the Supervisor for at least one year

Person in Charge of Work: _____ Signature: _____

Permit Date: (MM/DD/YY) _____ Time: _____

Site / Building / Area: _____

Purpose of Entry: _____

Can work be done without entering the confined space? yes no

Name of Entrants: _____, _____, _____

Name of Attendant: _____

Potential Hazards				Measures used to control hazard			
Hazard	Yes	No	N/A	Lockout / Tagout	Yes	No	N/A
Communication / Noise				Electrical			
Toxic Vapors/ Gas				Fluid Lines			
Lack of Oxygen				Hydraulic			
Flammables				Steam			
Mechanical				Mechanical			
Heat				Ventilation			
Other				Other			

Test taken by _____ Make and Model of Gas Monitor _____

Test	Level Permissible	Reading 1	Reading 2	Reading 3
% Oxygen	19.5% - 23.0%			
LEL	0			
H2S	0			
CO	0			
other				

Safety Equipment	Yes	No		Yes	No
Respirators			Hard Hats		
Harness			Space Communication		
Lifeline/ Tripod			Emergency communication		
Warning Signs			Special Equipment		

Work Generated Hazard	Yes	No
Will any hot work be done? (welding, cutting)		
Will any solvents, chemicals, or hazards be brought into the space		

Has the space been ventilated? yes no
 Is continuous ventilation needed? yes no