

Appendix C: Confined Space Permit

Tennessee Technological University Confined Space Entry Check List and Permit

Scope: This checklist must be completed before entering any confined space. A confined space is defined as any area that

- has limited or restricted means of entry or exit;
- is large enough for a person to enter to perform tasks;
- is not designed or configured for continuous occupancy; and
- has the potential for a significant hazard to be present.

Space to be entered: _____ Name of entry supervisor: _____

Permit start date/time: _____ Expires date/time: _____

Purpose of entry/Work to be performed: _____

Preparation for entry (See written procedure for requirements)

Entrants, attendants, supervisor, contractors - all trained in confined space safety.	
All have reviewed and understand entry procedure, especially anticipated hazards, acceptable entry conditions, emergency procedures. Street work rules being followed if required. Space barricaded.	
Means to summon rescue: Dial 911 or 931-372-3234 for Campus PD. 931-372-3881 for EH&S.	
PPE/Respiratory protection to be worn (circle): Gloves Glasses Boots Safety Harness/Lifeline Other: _____	
All moving parts, augers, etc. are locked and tagged out. Electrical/ground fault hazards have been identified and locked out.	
Flow of incoming material, including gases, <u>positively</u> controlled (i.e. pumps locked out, feedlines disconnected or blanked). Steam valves are not to be shut off from inside confined spaces.	
Mechanical ventilation running prior to entry and continuously throughout	
Hot Work Permit completed and appropriate fire extinguisher provided	
Material Safety Data Sheet provided	
Any other entry requirements (describe):	

NR – Not required by procedure

Initial pre-entry atmospheric check *Person performing check signature:*

	Readings	Acceptable
Instrument(s) used: RKI GX-3R Pro, Serial#:	Oxygen (O ₂):	19.5%-23.5%
Bump Test Performed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hydrogen Sulfide (H ₂ S):	<10 ppm
Calibrated:	Carbon Monoxide (CO):	<25 ppm
Calibration gas: Name, Part#, Serial#:	Sulfur Dioxide (SO ₂):	<2 ppm
	Lower Explosive Limit (LEL):	<10%

Note: If any of the gases above are not in the acceptable range the confined space is not to be entered.

Supervisor/Competent Person Authorization:

I have reviewed the relevant confined space entry procedure and verified that all necessary steps to prepare for entry have been taken. Permit will be terminated when work is complete or in the case that a hazard arises. I authorize this work to begin at this point.

Entry supervisor: _____ Date/Time: _____

Roster of entrants(s) authorized to enter space

Roster of responsible attendants
