**SHSU CONFINED SPACE ENTRY PERMIT**

**NATURE OF HAZARDS IN CONFINED SPACE:** (check)

- __________ Oxygen deficiency or enrichment
- __________ Flammable gases or vapors (greater than 10% of the Lower Explosive Limit)
- __________ Toxic gases or vapors (greater than the Permissible Exposure Limit)
- __________ Mechanical hazards
- __________ Electrical shock
- __________ Materials harmful to the skin
- __________ Engulfment
- __________ Configuration hazard
- __________ Other______________________________________

**PREPARATION:** (check)

- __________ Notify affected departments of service interruption
- __________ Isolate – blanked or double valued, with lock and tag
- __________ Zero energy state (Drain, Ground all energy sources)
- __________ Cleaned, drained, washed and purged
- __________ Ventilation to provide fresh air
- __________ Emergency response team available
- __________ Employees informed of specific confined space hazards
- __________ Secure area (post, sign and flag)
- __________ Procedure reviewed with each employee
- __________ Atmospheric test in compliance
- __________ Attach hot work permit
- __________ Other______________________________________

**EQUIPMENT REQUIRED FOR ENTRY AND WORK:** (check)

- __________ Respirator
- __________ Lighting (Explosive Proof)
- __________ Lifeline and safety harnesses
- __________ Fire Extinguishers
- __________ Protective clothing
- __________ Emergency Escape Retrieval Equipment
- __________ Hearing Protection
- __________ Resuscitators – Inhalator
- __________ Other______________________________________

**TEST**

<table>
<thead>
<tr>
<th>Test</th>
<th>Allowable Limits</th>
<th>Check (✓) if Required</th>
<th>Result AM</th>
<th>Result PM</th>
<th>Result AM</th>
<th>Result PM</th>
<th>Result AM</th>
<th>Result PM</th>
<th>Result AM</th>
<th>Result PM</th>
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<tbody>
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<td>Oxygen-min.</td>
<td>19.5%</td>
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<tr>
<td>Oxygen-max.</td>
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<tr>
<td>CO</td>
<td>35 ppm</td>
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<tr>
<td>Flammability</td>
<td>10%</td>
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<td>Heat</td>
<td>°F / °C</td>
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<tr>
<td>H₂S</td>
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<td>SO₂</td>
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</tbody>
</table>

Name of employee conducting atmospheric monitoring: ____________________________

Instrument(s) used: ____________________________

Statement of acceptable entry conditions ____________________________

**AUTHORIZATION:**

I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in this confined space.

Name (Print) ____________________________

Time: ____________________________ Date: ____________________________

Signature ____________________________