

Project # _____

SUNY Potsdam
Confined Space Entry Permit
Revision 1.0

This form must be completed by the Entry Supervisor prior to Confined Space entries and be posted at the site of entry.

Date:	Time Issued:	Time Expired:
Location:	Reason For Entry:	

Authorized Personnel

Your signature indicates you have been trained on the hazards of this space, your duties, and precautions you must take for this entry.

Position	Name (print)	Signature
Entry Supervisor		
Attendant (Watchperson)		
Attendant		
Entrant		
Entrant		
Entrant		

Atmospheric Hazards: Oxygen deficiency Combustible gas Toxic contaminants
 Noise Other _____

Physical Hazards: Mechanical Electrical Heat Other _____

Hazard Controls: Ventilation Lockout/Tagout Other _____

Communication Methods with Entrants: Voice Radio Phone Visual Other _____

Communication Methods to Contact Emergency Services: Phone Radio Other _____

Call University Police for all Emergencies: Dial 911 or 2222 from any on-campus phone or (315)267-2222 from a cell phone.

Personal Protective Equipment: Coveralls Tyvek® suit Leather gloves Chemical resistant gloves
 Welding gloves Welding hood Harness/life line Hearing protection Respiratory protection
★ Hard Hat ★ Eye protection Tripod/winch Other _____

Confined space entrants are required to wear (at a minimum) hard hats & eye protection.

Traffic Control: Barricades Vests Flags Signs **Hot work:** Yes (Hot Work Permit Required) No

	Yes	DNA
If the confined space entry involves welding or torch cutting or the generation of other hazardous material, has local exhaust been provided and directed to as safe location, or filtered?		
If compressed gases are to be used inside the confined space, is the source (pressurized tanks) located outside the space and have hoses and piping been inspected and found to be in good condition?		
Is the confined space set up for continuous oxygen and combustible gas monitoring and is the watchperson trained to read and respond to the meter?		

Special Precautions:

Entry Authorized by:
(Entry Supervisor)

_____ (Print Name)	_____ (Signature)	_____ (Phone)
For Contractors: _____ (Company Name)	College Project Manger you are reporting to? _____ (Name) _____ (Phone)	

Reminder: Once Confined Space Entry is completed this Permit must be returned to a College Supervisor or College Project Manager within 24hrs and kept on file for a minimum of three years.

Atmospheric Testing
(See Reverse)





Atmospheric Testing Log		Type of Monitoring Equipment:					Calibration Date:		
Tests	Acceptable Entry Conditions	(Initial) 1 st hr.	2 nd hr.	3 rd hr.	4 th hr.	5 th hr.	6 th hr.	7 th hr.	8 th hr.
Oxygen (O ₂)	19.5-23.5%								
Combustible Gas (%LEL)	0%								
Carbon Monoxide (CO)	35ppm								
Hydrogen Sulfide (H ₂ S)	10ppm								
Initials of Tester									
Call University Police for all Emergencies Dial 911 or 2222 from any on-campus phone or (315)267-2222 from a cell phone.									

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