

## Appendix A CONFINED SPACE ENTRY PERMIT For Permit-Required Spaces

*To be used for entering tanks, boilers, combustion chambers, spaces with moving machinery and blocked sewers and when welding or high voltage work will be performed.*  
**Confined space permits are valid for a single work shift not to exceed eight (8) hours in duration.**  
**UCSD employees are only authorized to enter confined spaces after receiving training in specialized entry procedures.**  
**Keep this log at work site during the operation. Complete the form and return it to your supervisor when finished.**

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Type of Space/#: \_\_\_\_\_

Reason for Entry: \_\_\_\_\_

Person(s) Entering: \_\_\_\_\_

Attendant/Form Completed By: \_\_\_\_\_ Signature: \_\_\_\_\_

Authorizing Supervisor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### PREPARATION

1. If the space is a blocked sewer contract the job out if possible.
2. If the space is a boiler or combustion chamber, follow appropriate pre-entry procedures.
3. Lock valves or blind/lock pipes in spaces which could become flooded.
4. Lock and tag all machinery which could be accidentally energized.
5. Check the air monitor and battery status.
6. Arrange for blower, power supply, standby person and communication resource.

### ON-SITE MONITORING

1. Test the air at the top of the space through the cover. Record the results.
2. If acceptable, open the cover. Test the air at the top, middle and bottom of the space. Record the results. If the combustibility reading at the bottom is greater than the top of the space, notify your supervisor and EH&S. **DO NOT ENTER THE SPACE!!**
3. If the air is **not** safe, ventilate, purge and retest. If the atmosphere does not clear, **DO NOT ENTER!!**
4. Ventilate the space for a **minimum of five (5) minutes** according to the purge chart located on page two.
5. Monitor continuously, recording results every two (2) hours. Retest the air after breaks and lunch.

### MEASUREMENT

Instrument #: \_\_\_\_\_ Calibration Date: \_\_\_\_\_

*Check those items below which are applicable to your confined space permit.*

### TYPES OF HAZARDS

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Energized Electrical Equipment | <input type="checkbox"/> Flammable Atmosphere | <input type="checkbox"/> Mechanical Hazards          | <input type="checkbox"/> Toxic Atmosphere |
| <input type="checkbox"/> Engulfment                     | <input type="checkbox"/> Hazardous Chemicals  | <input type="checkbox"/> Oxygen-Deficient Atmosphere | <input type="checkbox"/> Water Intrusion  |
| <input type="checkbox"/> Entrapment                     | <input type="checkbox"/> Heat/Cold Stress     | <input type="checkbox"/> Oxygen-Enriched Atmosphere  | <input type="checkbox"/> Welding/Cutting  |

**Note: If welding/cutting operations are to be performed, attach Hot Work Permit to entry form.**

### SAFETY PRECAUTIONS

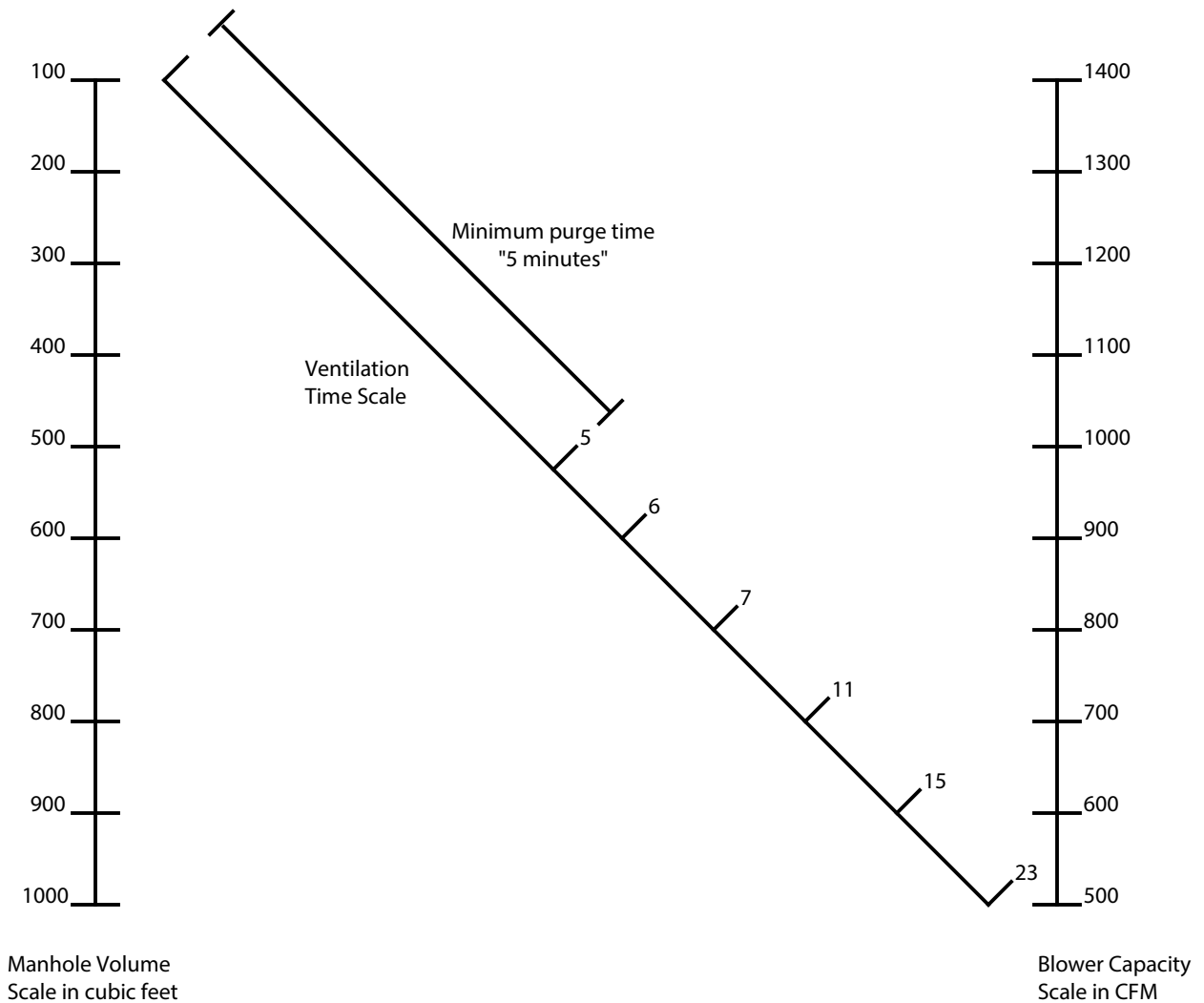
- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Fire-Retardant Clothing          | <input type="checkbox"/> Barricade Job Area  | <input type="checkbox"/> Fire Extinguishers               | <input type="checkbox"/> Lockout/Tagout (Electrical/Mechanical) |
| <input type="checkbox"/> Lifelines/Rescue                 | <input type="checkbox"/> Clearances Secured  | <input type="checkbox"/> Ground Fault Circuit Interrupter | <input type="checkbox"/> Pump (Water Removal)                   |
| <input type="checkbox"/> Protective Gloves                | <input type="checkbox"/> Communication Devices (Radios, voice, visual, tug rope, etc.) | <input type="checkbox"/> Intrinsically Safe Tools         | <input type="checkbox"/> Signs Posted                           |
| <input type="checkbox"/> Respiratory Equipment Protection | <input type="checkbox"/> Double Block & Bleed  | <input type="checkbox"/> Lighting                         | <input type="checkbox"/> Ventilation                            |
| <input type="checkbox"/> Other _____                      |  |   |   |

### ATMOSPHERIC MONITORING

TESTS TO BE TAKEN	DATE	TIME	RE-TESTING	DATE	TIME
Oxygen: _____	_____	_____ a/p	Oxygen: _____	_____	_____ a/p
Lower Explosive Limit: _____	_____	_____ a/p	Lower Explosive Limit: _____	_____	_____ a/p
Toxic Atmosphere: _____	_____	_____	Toxic Atmosphere: _____	_____	_____
Instruments Used: _____	_____	_____	Instruments Used: _____	_____	_____
<b>TIME</b>	<b>OXY</b>	<b>CO</b>	<b>H2S</b>	<b>COMBUSTIBILITY</b>	<b>OTHER</b>
Safe Range (19.5-23.5%)	Safe Range (< 25ppm)	Safe Range (< 10ppm)	Safe Range (< 10ppm)	Safe Range (< 10%)	

Print Name: \_\_\_\_\_ Initial: \_\_\_\_\_

# Ventilation and Purge Chart



## DIRECTIONS

1. Locate manhole volume level on left scale.
2. Read the corresponding blower capacity on the right scale.
3. Locate the required purge time (minimum 5 minutes)