

ROUTINE CONFINED SPACE ENTRY

DATE ISSUED: _____ START TIME: _____ END TIME: _____

THIS FORM IS TO BE USED FOR METER VAULTS, TELECOMMUNICATION VAULTS, AND ELECTRICAL MANHOLES WHERE NO HIGH-VOLTAGE WORK WILL BE PERFORMED.

KEEP THIS FORM AT THE WORK SITE DURING OPERATION. RETURN COMPLETED PERMIT TO YOUR SUPERVISOR WHEN FINISHED.

A SEPARATE PERMIT IS REQUIRED FOR EACH JOB LOCATION DAILY.

Location/Building: _____ **Room/Area:** _____

Type of Confined Space: _____

Purpose of Entry: _____

Entry Supervisor: _____ **Attendant (Safety Monitor):** _____

Entrant(s): _____ **Communication Equipment:** _____

Pre-Entry Procedures

Organize Equipment:

- Verify calibration of gas meter
- Arrange for ventilation equipment (as needed)
- Arrange for communication (radios/cell phone)

Secure the Area and Environment:

- Establish proper barrier or signage to prevent unauthorized access into work area
- If leaving the space unoccupied, ensure it is properly covered to prevent accidental fall

Initial Atmospheric Monitoring:

- Test the initial opening or entry point for appropriate levels of gases, then test the bottom or working area of the space
- If there are any alarms, notify your supervisor and DO NOT ENTER.
- Ventilation may be required for a minimum of 5 minutes then test the atmosphere again.
- **If the space contains a hazardous atmosphere, engulfing/drowning substance, trapping or converging walls configuration, or any other serious recognized hazard, this will require a Permit-Required Confined Space Entry Form. DO NOT PROCEED, CONTACT SUPERVISION.**
- Monitor continuously, recording the results every 2 hours. Retest after breaks or lunch.

ATMOSPHERIC MONITORING RESULTS							
INSTRUMENT NO.:		BATTERY CHECKED: YES			CHARGE STATUS: F ¼ H ¼ E		
GAS	LIMIT	INITIAL RESULT	2ND HOUR RESULT	4TH HOUR RESULT	6TH HOUR RESULT	8TH HOUR RESULT	OTHER
OXYGEN	19.5% TO 23.5%						
COMBUSTIBLES (LEL)	<10% LEL						
CARBON MONOXIDE	<35 PPM						
HYDROGEN SULFIDE	<10 PPM						
TIME TESTED:							
PERSON PERFORMING TESTING (INITIALS):							

SUPERVISOR AUTHORIZING ENTRY

Print Name: _____

Signature: _____

Date: _____

Emergency Contact Numbers			
Fire Dept.	9-1-1	EH&S	826-5711 / 3302
Ambulance		UPD	911 / 826-5555

Provide this form to your supervisor after the work has been completed. Provide a copy to EH&S and maintain a copy in your department.