



CONFINED SPACE ASSESSMENT / ENTRY PERMIT

CONFINED SPACE LOCATION AND DETAILS OF ENTRY

Space #: _____	Authorized entrants:
Location of space: _____	1. _____ 4. _____
Date & time of entry: _____	2. _____ 5. _____
Purpose of entry: _____	3. _____ 6. _____
	Authorized attendants:
	1. _____ 2. _____
	Authorized entry supervisor: _____

HAZARD ASSESMENT (CHECK ALL POTENTIAL HAZARDS PRESENT)

Atmospheric Hazards <input type="checkbox"/> Oxygen deficiency <input type="checkbox"/> Oxygen enrichment <input type="checkbox"/> Combustible gas <input type="checkbox"/> Toxic gases	Engulfment Hazards <input type="checkbox"/> Liquid <input type="checkbox"/> Solids <input type="checkbox"/> Other: _____ Entrapment Hazards <input type="checkbox"/> Inwardly converging walls <input type="checkbox"/> Snag points <input type="checkbox"/> Other: _____	Other Serious Hazards <input type="checkbox"/> Live electrical <input type="checkbox"/> Live heat or hot water <input type="checkbox"/> Mechanical hazards <input type="checkbox"/> Fall hazards >4ft <input type="checkbox"/> Hot work <input type="checkbox"/> Animal(s) <input type="checkbox"/> Other: _____
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ATMOSPHERIC MONITORING (MUST BE DONE PRIOR TO ENTRY AND CONTINUOUSLY THROUGHOUT ENTRY)

Date/Time	Monitoring performed by	Hydrogen Sulfide (H ₂ S) <10 PPM	Oxygen (O ₂) 19.5%-23.5%	Carbon Monoxide (CO) <35 PPM	Lower Explosive Limit (LEL) <10% LEL	Other (specify)

There is space for additional atmospheric results on the back of this form.

REQUIRED SAFETY PRECAUTIONS AND PPE

<input type="checkbox"/> Lines broken – capped/blanked <input type="checkbox"/> Ventilation <input type="checkbox"/> Lockout/tagout (LOTO) <input type="checkbox"/> Communication equipment <input type="checkbox"/> Barricades <input type="checkbox"/> Full body harness w/back D-ring	<input type="checkbox"/> Lifeline <input type="checkbox"/> Tripod and retrieval winch <input type="checkbox"/> Head protection <input type="checkbox"/> Eye protection <input type="checkbox"/> Hearing protection <input type="checkbox"/> Gloves	<input type="checkbox"/> Protective clothing <input type="checkbox"/> Lighting (explosion proof) <input type="checkbox"/> Air purifying respirators <input type="checkbox"/> Hot work permit <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Other: _____
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EMERGENCY PHONE NUMBERS

POWER PLANT BASE: 518-442-3444 EH&S OFFICE: 518-442-3495

Notify Power Plant Base **prior to entry.** Date & time notified: _____

Notify Power Plant base again **when entry is completed.** Date & time notified: _____

If an emergency occurs, immediately contact Power Plant Base. Tell them there is a confined space emergency and give the exact location and description of emergency.

**Keep a copy of this permit at the entry site for the duration of the confined space entry.
Return a copy of this permit to EH&S Office once the entry is complete.**

Make & model of air monitor: _____

Date of air monitor calibration: _____

Date & time permit closed: _____

Supervisor signature: _____

