GETTYSBURG COLLEGE CONFINED SPACE ENTRY PERMIT/LOG

SECTION 1: General Information
Date of Entry: ____________________________ Permit Lot #: ____________________________ Contractor Job: Yes or No

Space to be Entered: ____________________________ Purpose of Entry: ____________________________
Department: ____________________________ Authorized Duration of Permit/Log: ____________________________
Location/Building: ____________________________ Start Time: ___________ End Time: ___________

SECTION 2: Atmospheric Survey
Person conducting initial atmospheric survey: Print: ____________________________ Sign: ____________________________

Non Respirator Conditions Initial Survey 1st hr 2nd hr 3rd hr 4th hr 5th hr 6th hr Initials
Oxygen %: 19.5 - 23.5%
Flammability: < 10% LEL
CO: < 25 ppm
H2S: < 10 ppm

Is the initial temperature in the space acceptable: Yes or No

Pre-job Requirements:
[ ] Pre-Job Briefing
[ ] Opening Barricaded
[ ] Ventilated for indicated time
[ ] Communication between attendant and base
[ ] Communication between attendant and entrant
[ ] Lockout/tag-out to greatest extent possible
[ ] Initial atmospheric test complete
[ ] Tripod and wench setup (5 ft vertical)
[ ] Other

Authorized by Entry Supervisor: I certify that all required precautions have been taken and necessary equipment in provided for safe entry and work in this confined space.
Print: ____________________________ Signature: ____________________________ Date: ____________ Time: ____________

SECTION 3: ENTRY PERMIT DATA & AUTHORIZATION for Permitted
Potential Hazard Present (See specific entry requirements for individual spaces)
[ ] Oxygen Deficiency < 19.5%
[ ] Oxygen Enrichment > 23.5%
[ ] Flammable Gases or Vapors > 10% of LEL
[ ] Airborne Combustible Dust > LEL
[ ] Toxic Gases or Vapors > PEL
[ ] Mechanical Hazards
[ ] Electrical Shock
[ ] Materials Harmful to skin
[ ] Engulfment
[ ] Other

Emergency Information: IN THE EVENT THAT AN ENTRANT CANNOT SELF-RESCUE, THE ATTENDANT IS TO IMMEDIATELY CALL FOR EMERGENCY ASSISTANCE. CALL PUBLIC SAFETY at 337-6911 AND ADAMS COUNTY 911 CENTER.

Print: ____________________________ Sign: ____________________________ Date: ____________ Time: ____________

SECTION 4: PERMITTED CONFINED SPACES ATTENDANT and ENTRANT LOG
NAME SIGN Time In Time Out
1
2
3
4
5
6
7
8
9
10

Pre-job Requirements:
[ ] Hot Work
[ ] Solvents
[ ] Paints
[ ] Toxic Chemicals
[ ] Mechanical Hazards
[ ] Head Protection
[ ] Safety Harness
[ ] Safety Glasses
[ ] Light Gloves
[ ] Hearing Protection
[ ] Face Shield
[ ] Other

Authorized by Entry Supervisor: I certify that all required precautions have been taken and necessary equipment in provided for safe entry and work in this confined space.
Print: ____________________________ Signature: ____________________________ Date: ____________ Time: ____________

SECTION 5: PERMITTED CONFINED SPACE ENTRY LOG
NAME SIGN Time In Time Out
1
2
3
4
5
6
7
8
9
10

Emergency Information: IN THE EVENT THAT AN ENTRANT CANNOT SELF-RESCUE, THE ATTENDANT IS TO IMMEDIATELY CALL FOR EMERGENCY ASSISTANCE. CALL PUBLIC SAFETY at 337-6911 AND ADAMS COUNTY 911 CENTER.

THE ATTENDANT MUST NOT ENTER THE SPACE

Print: ____________________________ Sign: ____________________________ Date: ____________ Time: ____________

SECTION 6: REMARKS- explain any special controls, the methods use to isolate the space, and/or the justification for charging the classification of a confined space.

Reclassification of a Non Permitted space – I certify that all requirements for reclassification have been met.
Print: ____________________________ Sign: ____________________________ Date: ____________ Time: ____________

Public Safety Concurrence Given by: ____________________________ Date: ____________ Time: ____________

RECORD KEEPING and EQUIPMENT STATUS
[ ] White copy to Public Safety
[ ] Yellow copy to be filed with Confined Space Inventory File.
[ ] Pink copy to be filed with Responsible Department.
[ ] Equipment Returned to proper storage location.
[ ] Equipment Returned in working order.
[ ] Any broken or damage equipment that needs attention, report it immediately to a supervisor.

Public Safety Concurrence Given by: ____________________________ Date: ____________ Time: ____________

Public Safety Concurrence Given by: ____________________________ Date: ____________ Time: ____________
SECTION 1 - GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Space to be Entered</th>
<th>Identify the space to be entered by looking in Appendix E e.g. Steam Manhole S MH-1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department</td>
<td>The Department which requires entry into the confined space</td>
</tr>
<tr>
<td>Location/Building</td>
<td>Where the confined space is located</td>
</tr>
<tr>
<td>Date of Entry</td>
<td>The actual date of entry</td>
</tr>
<tr>
<td>Log No.</td>
<td>The next permit number in the Department’s sequence (Departments are responsible for developing their own filing system).</td>
</tr>
<tr>
<td>Purpose of Entry</td>
<td>Reason entry into the confined space is needed e.g. repack valve</td>
</tr>
<tr>
<td>Contractor Job</td>
<td>If a contractor to the college is using the college’s confined space program to enter the space mark “Yes”.</td>
</tr>
<tr>
<td>Authorized Duration of Permit</td>
<td>The time interval that the entry the Entry Permit is active for. The time interval cannot exceed 8 hours. If more time is required, a new Entry Permit must be initiated.</td>
</tr>
</tbody>
</table>

SECTION 2 – ATMOSPHERIC SURVEY

Note: The program administrator or designee and/or entry supervisor complete this section

<table>
<thead>
<tr>
<th>Person making initial atmospheric survey</th>
<th>The person conducting the initial atmospheric survey must print and sign their name verifying acceptable entry conditions are present in the space prior to entry.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey data</td>
<td>Hourly atmospheric survey results. The entrant taking the measurement must initial each data point.</td>
</tr>
<tr>
<td>Temperature in the Space Acceptable?</td>
<td>The temperature in the space must be comfortable to work in. Heat stress monitoring may be necessary. Contact Department of Public Safety for assistance.</td>
</tr>
<tr>
<td>Authorization by Entry Supervisor</td>
<td>The entry supervisor must verify that all entry prerequisites are completed, safety precautions are taken and acceptable entry conditions exist in the space prior to entry.</td>
</tr>
</tbody>
</table>

SECTION 3 - ENTRY PERMIT DATA

<table>
<thead>
<tr>
<th>Potential Hazards Present</th>
<th>Check all potential hazards present. The normal hazards are listed in the specific entry procedures. If hazards other than those listed in the specific entry procedures are anticipated then the Department must reevaluate the space to ensure adequate controls are in place.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controls in Place</td>
<td>Check if controls are in place to mitigate the potential hazards. Write a very brief description of the controls in the space provided e.g. lock out/tag out</td>
</tr>
<tr>
<td>Equipment</td>
<td>Check all equipment that is required for the entry. The specific entry procedure should also contain this information.</td>
</tr>
<tr>
<td>Hazards Introduced by Nature of Work</td>
<td>Check all hazards that will be introduced during the entry. Any introduced hazards require space reevaluation by the Department with the assistance of the Department of Public Safety.</td>
</tr>
<tr>
<td>Pre-job Requirements</td>
<td>Check each pre-job requirement as it is completed. Line out and initial any non-applicable requirements.</td>
</tr>
</tbody>
</table>

SECTION 4 – ATTENDANT and ENTRANT LOG

| Attendant log | Each attendant must print and sign their name and log the time of start and stop. This must be done for each period of duty. There can be no time gaps between attendant shifts. NOTE: a qualified and authorized attendant only can relieve an attendant. |

SECTION 5 - ENTRY LOG

| Entry log | Each entrant must print and sign their name and log the time of entry and exit. This must be done for each entry. |

SECTION 6 - REMARKS

<table>
<thead>
<tr>
<th>Remarks</th>
<th>Explain any special controls necessary for safe entry other than those specified in Section 3. If the space is being reclassified to a NON PERMITTED space then explain the justification. Note: If hazards are introduced into the spaces that are not accounted for in the specific entry procedures then the space requires reevaluation to institute special controls or may require reclassification.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>The program administrator or their designee must authorize the space reclassification.</td>
</tr>
<tr>
<td>S&amp;S concurrence given</td>
<td>Department of Public Safety must concur with all reclassifications</td>
</tr>
</tbody>
</table>