

# Office of Environmental Health & Radiation Safety

## Morningside Campus Confined Space Permit

### Job Location

Location & Description of Confined Space: \_\_\_\_\_

Purpose of Entry: \_\_\_\_\_ Responsible Dept: \_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Phone Numbers

Morningside Security Phone Number: x 99 Project Supervisor: \_\_\_\_\_

Environmental Health & Radiation Safety: x 48749 Other Emergency Numbers: \_\_\_\_\_

### Responsible Individuals

<i><b>Supervisor(s) / Project Manager(s)</b></i>	<i><b>Authorized Entrants</b></i>	<i><b>Authorized Attendants</b></i>

### Special Requirements

Lockout / Tagout Complete	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Escape harness	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lines Broken – Capped or Blanked	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Tripod	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Purge – Flush or Inert	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Life Lines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ventilation – 30 Min. in Advance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fire Extinguishers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Secure Area – Signs Barriers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Breathing Apparatus	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lighting (Explosion Proof)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Protective Clothing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Location of Emergency Phone	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Respirator (Air-Purifying)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<i><b>Atmospheric Testing</b></i>	<i><b>Limits</b></i>	<i><b>Time</b></i>	<i><b>Time</b></i>	<i><b>Time</b></i>	<i><b>Time</b></i>	<i><b>Time</b></i>	<i><b>Time</b></i>	<i><b>Time</b></i>
Oxygen (%)	19.5 to 23.5							
LEL (%)	> 10%							
Carbon Monoxide (CO)	25 ppm							

**Atmospheric Testing**

<i>Instruments Used:</i>	<i>Type:</i>	<i>Serial # :</i>

Technician's Name: \_\_\_\_\_

**Authorization**

Authorized Supervisor: \_\_\_\_\_

Signature: \_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_