Idaho State University | Environmental Health, Safety, and Sustainability

APPENDIX C - PRCS Entry Permit

Instructions: This form must be completed prior to entering a Permit-Required Confined Space. A copy of the permit should be kept at or near the entry of the space during entry until the work is complete, canceled, or at the end of the shift. Provide a copy to EHSS @ ehs@isu.edu
Contact EHSS Safety Programs Manager with any questions: 208-282-2787

Date of Entry:	Time of Entry:
Date of Exit:	Time of Exit:
Location of Work: (building name):	(room #)
Scope of Work:	

PARTIES IDENTIFIED FOR ENTRY:

Supervisor Name:	Contact #
Attendant #1 Name:	Contact #
Attendant #2 Name:	Contact #
Entrant #1 Name:	Contact #
Entrant #2 Name:	Contact #

In Case of an emergency, dial 911. Let the operator know you are in need of Confined Space Rescue assistance from the fire department. ***DO NOT ENTER THE SPACE!***
Contact ISU public safety @ 208-282-2515 and begin non-entry rescue if applicable

All above verify they have been trained on Confined Space Entry and acknowledge they have been given a chance to review entry conditions and agree all potential hazards have been evaluated ☐Yes ☐No
Initial Initial Initial Initial Initial

KNOWN HAZARDS OF THE SPACE (CHECK ALL THAT APPLY)

☐Oxygen Deficiency	☐Chemical Hazards	☐Engulfment
☐Combustible gas/vapor	☐Mechanical Hazards	☐Entrapment
☐Combustible Dust	☐Electrical Hazards	☐Fall Hazards
☐Carbon Monoxide (CO)	☐Pipes under Pressure	☐Poor Natural Ventilation
☐Hydrogen Sulfide (H2S)	☐Extreme Temperatures	☐Radiation
☐Other Vapor _____	☐Other_____	☐Other_____

ENTRY CONSIDERATIONS CHECKLIST

Ventilation:	***Communication Method:***	***Additional Lighting Needed:***
☐Initially	☐Verbal	☐Flashlight
☐Continuous	☐Visual	☐Headlamps
☐Other _____	☐ Two-Way Radio	☐Other _____
☐N/A	☐Other	☐N/A

ENTRY CONSIDERATIONS CHECKLIST

Additional PPE:

☐Hearing Protection
☐Gloves: _____
☐Work Boots
☐Face Shield
☐Head Protection
☐Rubber Boots
☐Knee Pads
☐Harness
☐Tyvek
☐Dust Mask
☐Respirator *(requires training & fit testing prior to use):* _____
☐Safety Glasses/Goggles
☐Other: _____

Additional Considerations:

☐Lockout Tagout
☐Hot Work *(Requires a Permit)*
☐Tripod with Winch *(requires training prior to use)*
☐Barricade Entry
☐Perimeter Established
☐Portable Ladders
☐Generator
☐Emergency services contacted prior to entry
☐Migrating Vapors/Gases
☐Other:_____

PERSONNEL ENTRY AND EXIT RECORD

Entrant #1		Entrant #2		Comments / Issues Encountered During Entry:
TIME IN		TIME IN		
TIME OUT		TIME OUT		
TIME IN		TIME IN		
TIME OUT		TIME OUT		
TIME IN		TIME IN		
TIME OUT		TIME OUT		

Work has been: ☐Completed ☐Canceled

Authorized Signature: _____ Date:_____ Time:_____

AIR MONITORING RESULTS

Instrument Model:			Date of last calibration:		
Intervals air will be monitored: ☐Initially ☐Every _____minutes ☐Continuously					
TIME	LOCATION OF AIR SAMPLE	OXYGEN (19.5% - 23.5%)	LEL (<10%)	CO (<25 ppm)	H_2S (<10 ppm)

ADDITIONAL AIR MONITORING RESULTS TABLE AVAILABLE ON BACK OF THIS SHEET

ADDITIONAL AIR MONITORING RESULTS

Instrument Model:			Date of last calibration:		
Intervals air will be monitored: ☐Initially			☐Every _____minutes		☐Continuously
TIME	LOCATION OF AIR SAMPLE	OXYGEN (19.5% - 23.5%)	LEL (<10%)	CO (<25 ppm)	H_2S (<10 ppm)