



**Instructions: This form indicates that the only hazard posed by the permit space is an actual or potential hazards atmosphere and that forced air ventilation alone is sufficient to maintain safe entry. 1910.146(c)(i)**  
A copy of the permit should be posted at the entry of the space until the work is complete or canceled.  
Provide a copy @ [ehs@isu.edu](mailto:ehs@isu.edu) or contact EHSS Safety Programs Manager with any questions (208)282-2310

Date of Entry:	Time of Entry:	
Date of Exit:	Time of Exit:	
Location of Work: (Building name)		(room #)
Reason for Entry:		
Scope of Work:		
Is Forced Air Being Used?	Forced Air type	<input type="checkbox"/> Every ____ Minute(s)
• Yes	<input type="checkbox"/> Initially	<input type="checkbox"/> N/A
• No	<input type="checkbox"/> Continuous	<input type="checkbox"/> Other _____

**PARTIES IDENTIFIED FOR ENTRY**

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

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 that sign, verify they have been trained on Confined Space Entry and acknowledge they have been given a chance to review entry condition and agree all potential hazards have been evaluated

☐ Yes    ☐ No    Initial    Initial    Initial

**AIR MONITORING RESULTS**

Instrument Model:		Date of last calibration:			
Intervals air will be monitored:		<input type="checkbox"/> Initially	<input type="checkbox"/> Every ____ minutes	<input type="checkbox"/> Continuously	
TIME	LOCATION OF AIR SAMPLE	OXYGEN (19.5% - 23.5%)	LEL (<10%)	CO (<25 ppm)	H2s (<10 ppm)



Comments / Issues Encountered During Entry:

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Work has been:    ☐ Completed                      ☐ Canceled                      ☐ Done for the Day

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**ENTRY CONSIDERATIONS**

**Communication Method:**

- ☐ Verbal
- ☐ Visual
- ☐ Two Way Radio
- ☐ Other \_\_\_\_\_

**Additional Lighting Needed:**

- ☐ Flashlight
- ☐ Headlamps
- ☐ Other \_\_\_\_\_
- ☐ N/A

**ADDITIONAL ENTRY CONDERATIONS**

**Additional PPE:**

- ☐ Hearing Protection
- ☐ Gloves: \_\_\_\_\_
- ☐ Protective Footwear
- ☐ Face Shield

- ☐ Head Protection
- ☐ 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: \_\_\_\_\_