

REMEMBER: ALWAYS Air monitor ! ALWAYS Ventilate !

**NEW JERSEY CITY UNIVERSITY
Confined Space Permit**

- 1) DATE & TIME OF ENTRY: _____
- 2) SITE LOCATION or DESCRIPTION: _____
- 3) PURPOSE OF ENTRY: _____
- _____
- 4) PERMIT DURATION: _____
- 5) TYPE OF COMMUNICATIONS USED BY ENTRANTS & ATTENDANTS: _____
- 6) NOTIFY NJCU PUBLIC SAFETY DEPT. OF ENTRY (201-200-3128) Date/Time Called: _____

PRIOR TO INITIAL ENTRY – TO BE COMPLETED BY SUPERVISOR						
PRECAUTIONS (N/A if item doesn't apply)	YES? √	Initials	PRECAUTIONS (N/A if item doesn't apply)	YES? √	Initials	
1. Lockout/ Tagout Energy Sources Complete			8. Fire Extinguisher, First Aid Kit			
2. Lines broken and capped/ blanked			9. Supplied Air Respirator (if needed)			
3. Vessel washed and purged			10. Respirator(s) (Air Purifying)			
4. Ventilation (preferably at bottom)			11. Protective Equipment (PPE)			
5. Secure Area Near Equipment & Sign			12. Full body harness w/ "D" ring			
6. Proper lighting (GFI, low voltage, explosive proof)			13. Emergency escape retrieval equipment			
7. Hot Work Permit (if needed)			14. Lifelines			
INITIAL TESTING – Record initial readings at 4 ft. intervals						
Atmospheric Hazard	Acceptable Concentrations	4 ft.	8 ft.	12 ft.	16 ft.	20 ft.
OXYGEN : O2	> 19.5 % and < 23.5 %					
LEL	0 %					
Carbon Monoxide (CO)	0 PPM					
Hydrogen Sulfide (H2S)	0 PPM					

Review and attach Hazard Analysis for specific confined space (located in written program).

SIGNATURE OF SUPERVISOR: All Above Conditions Satisfied? (Circle One) _____ Date _____

_____ YES/ NO _____

SUPERVISOR MUST PERFORM INSPECTION AND AUTHORIZE WORK

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NJCU - CONFINED SPACE ENTRY PERMIT

ATMOSPHERIC TEST DATA: Continuous air monitor - record reading every 10-15 minutes.

ATMOSPHERIC TESTING								
		Monitoring Results						
Atmospheric Hazard	Acceptable Concentrations	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6	Test 7
Time:								
OXYGEN : O2	> 19.5 % and < 23.5 %							
LEL	0 %							
Carbon Monoxide (CO)	0 PPM							
Hydrogen Sulfide (H2S)	0 PPM							

Remarks: _____

Air Tester Name	ID #	Instrument Used (oxygen meter, combustible gas indicator, etc.)	Model # or Type	Serial # or Unit

ATTENDANTS AND ENTRANTS			
Names of Attendant	Names of Authorized Entry Personnel	Time In	Time Out

ENTRANT to notify ENTRY SUPERVISOR when entry is complete. ENTRANT to return permit to ENTRY SUPERVISOR at the completion of the job. NJCU shall keep permit for ONE YEAR for Regulatory Auditing.

APPROVAL:

This permit is valid on the date and during the times specified below. This permit must be canceled at the end of the shift on this day.

Date: _____ Work to begin at: _____ AM/PM This permit expires at: _____ AM/PM

Work Authorized by Supervisor (print): _____ Signature: _____

Entrant (print): _____ Signature: _____

Attendant (print): _____ Signature: _____

EMERGENCY CONTACT PHONE NUMBERS:	
Emergency Rescue Team:	Jersey City Fire Department: 9-1-1 or 201-547-4200
Local First Responder:	NJCU Dept. of Public Safety (24/7): 201-200-3128

Permit Cancelled: _____
Date
Time
By (Signature)

SUPERVISORS: Return Permit to the EHS Director Upon Completion