

STANFORD UNIVERSITY CONFINED SPACE ENTRY PERMIT

Space ID:		Date Issued:	Permit Expires at end of work shift
Location:		Shop:	
Purpose of entry:			
Identify hazard(s) associated with entry: <input type="checkbox"/> Atmospheric Hazard <input type="checkbox"/> Other (list):			
Ventilation: <input type="checkbox"/> Mechanical <input type="checkbox"/> Natural	Preparation: <input type="checkbox"/> Flushed <input type="checkbox"/> Inerted <input type="checkbox"/> Purged <input type="checkbox"/> Drained <input type="checkbox"/> Barricaded <input type="checkbox"/> N/A	Isolation: Lines: <input type="checkbox"/> Disconnected <input type="checkbox"/> Blanked <input type="checkbox"/> N/A Equipment: <input type="checkbox"/> Locked/tagged out <input type="checkbox"/> N/A	
Communications procedures: <input type="checkbox"/> Voice <input type="checkbox"/> Radio <input type="checkbox"/> Intercom <input type="checkbox"/> Rope signals		Other required permits (e.g. hot work permit #): <input type="checkbox"/> N/A	
Emergency Communication Equipment: <input type="checkbox"/> Cell phone <input type="checkbox"/> Radio <input type="checkbox"/> Other (specify):			
Emergency Communication Equipment checked and functioning: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Emergency Contacts: <u>Cell phone: 911</u> <u>Radio: Stanford 1/ Stanford 2</u>			
<ul style="list-style-type: none"> Share list of hazards involved with 911 dispatcher Assign a "Flagger" to direct the responding Fire Dept units to the incident location 			
Non-Entry Rescue Retrieval:			
Equipment in use: <input type="checkbox"/> Safety Harness (MANDATORY) <input type="checkbox"/> Tripod/ Davit-arm with retrieval devices			
If not using a tripod/ davit-arm, complete steps 1-3 below:			
1. Description of how rescue retrieval equipment would increase the overall risk of this entry: _____			
2. Upload completed Confined Space Emergency Rescue Plan to: shorturl.at/vHMO3			
3. Supervisor's approval (signature): _____			
Required Personal Protective Equipment:			
<input type="checkbox"/> Hardhat <input type="checkbox"/> Safety Shoes <input type="checkbox"/> Traffic Vest <input type="checkbox"/> Other (specify): <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Gloves <input type="checkbox"/> Ear plugs/ muffs			

AIR MONITORING										
Instrument make:			Serial number:				Last calibrated:			
Hazard	Acceptable entry conditions	Pre-entry (top / middle / bottom)		Periodic Checks						
Oxygen	19.5-23.5%	/	/							
LEL	< 10 %	/	/							
H ₂ S	< 10 ppm	/	/							
CO	< 25 ppm	/	/							
Other		/	/							
Other		/	/							
	Initials:									
	Time:	am/pm	:	:	:	:	:	:	:	:

ENTRANT ROSTER			
Attendant	Entrant	Time in	Time out

Approved by (Entry Supervisor): Print _____ Signature _____

Post this permit at job site. Return permit to supervisor after completion.

Revised 11/2022