**PENN STATE CONFINED SPACE ENTRY ASSESSMENT, CLASSIFICATION, AND PERMIT**

**(EHS Doc No. EHS-0081 ata)**

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| **Table 1. Identification** |
| **Entry Purpose /Task:**        | **PSU Campus:**       |
| **Entry College-Unit /Department:**        | **Space Location /ID:**       |
| **Responsible Person Completing Assessment:**       | **Responsible Person Unit:**       |

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| **Table 2. Hazards and Controls** |
| ***Potential* Hazards** | Yes | No | **Controls** | Yes | N/A |
| Lack of oxygen |       |       | Purge / flushing  |       |       |
| Oxygen enrichment |       |       | No reasonable failure / potential leaks (no terminations) |       |       |
| Combustible or flammable gases/vapors |       |       | Lockout / Tagout  |       |       |
| Toxic gases/vapors |       |       | Documented energy control procedure  |       |       |
| Chemical contact |       |       | Blank, misaligning, block/bleed |       |       |
| Electrical hazards |       |       | External barricades |       |       |
| Mechanical / physical hazards |       |       | Signage |       |       |
| Environment [temperature (high/low), radiation, noise]  |       |       | Temperature control  |       |       |
| Engulfment / suffocation (grain, sand, steam, liquid) |       |       | Temporary flooring or supplemental walking surface |       |       |
| Entrapment / inwardly sloping walls  |       |       | Lifeline / tie-off / harness |       |       |
| Inherent fall hazards |       |       | Fall prevention or fall protection  |       |       |
| Pneumatic or hydraulic hazards |       |       | Guarding |       |       |
| Gravity (falling on, crushing hazards) |       |       | Blocking / securing |       |       |
| Radiation (ionizing, non-ionizing)  |       |       | Radiation protection office guidance needed (3-3976) |       |       |
| **Other hazards (describe):**  |       |       | **Related SOPs / procedures:****Other Controls:** |            |            |

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| **Table 3. Atmospheric Assessment** | **(Check If Potential Atm. Hazards Present):** | Yes [ ]  No [ ]  |
| **Potential Hazards** | Yes | No | **Controls** | Yes | No |
| Existing / potential atmospheric hazard in space |       |       | Natural ventilation (airing out)  |       |       |
| Introduced atmospheric hazard from work (e.g. welding) |       |       | Local exhaust ventilation |       |       |
| Nearby potential sources of contaminants (e.g. cryogens) |       |       | Forced air ventilation (initial only, purging, inerting) |       |       |
| Source(s) of potential atmospheric hazard and possible effects:        | Forced air ventilation (continuous) |       |       |
| Interlocked sensor/alarm |       |       |
| **Respiratory protection, if required list type (does NOT eliminate/isolate hazard)**:       |       |       |

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| **Table 3A. Initial Air Monitoring and Instrument Information** |
| [ ]  **Check if initial monitoring is NOT required for assessment. (Disregard Table 3A if no potential atm. hazards identified at Table 3**) |
|  | **Reading Time** | **Location** | **Reading** | **Meter – Additional Information** |
| **O2**(19.5-23.5%) |       |       |       | **Date of initial test:**       **Name of tester and initials:**      **Make/Model of meter:**      **Instrument properly calibrated? Yes / No****Date of last calibration:**       |
| **LEL** (<10%) |       |       |       |
| **H2S** (<10 ppm) |       |       |       |
| **CO** (<35 ppm) |       |       |       |
| **NO2** (<5 ppm) |       |       |       |
| **Other:**  |       |       |       |

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| **Table 4. Additional PPE - Equipment Requirements** |
| **PPE required:** [ ] Eye/face protection [ ]  Gloves [ ]  Hard hat  [ ] Safety shoes [ ] Protective clothing [ ] Hearing protection | **Equipment**: [ ] Tripod/winch [ ] Fire Extinguisher [ ] Lighting [ ] Barrier/shields [ ] Ladder [ ] Communication equipment  |
| **Describe any additional equipment:**       |

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| **Table 5. ASSESSMENT CLASSIFICATION** |
| [ ]  | **NON-PERMIT REQUIRED** | No hazards exist that are critical to life/ health and safety, or all hazards have been isolated/eliminated per this documented assessment. The space is non-permit required for this task (entry can proceed without further action). **Where applicable, an SOP may be required. Consult EHS or your Unit Safety Officer.** |
| [ ]  | **PERMIT- REQUIRED** | **One or more hazards cannot be isolated, eliminated or assessed and pose a serious threat to life/ health and safety, or forced air ventilation is required to control a hazardous atmosphere.** **The space is permit-required** (requires designated attendant/entrants/supervisor, permit authorization, AND rescue plan) **– USE PERMIT NEXT PAGE.** |

\***By signing this assessment, you certify that you are qualified to identify and assess the specific hazards of this confined space entry operation. You are certifying that all hazards have been identified and evaluated, and the indicated control methods will be implemented before and during entry.**

**Signature:**       **Date:**

**PAGE 2 – PENN STATE CONFINED SPACE PERMIT**

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| **REFER TO PAGE 1 FOR HAZARDS AND NECESSARY CONTROLS, INCLUDING FORCED AIR VENTILATION** |
| **Entry Purpose:** | **Entry Planned Duration:** | **Permit ID:** |
| **Table 6. Continuous Air Monitoring READINGS (Permit Required Spaces with Potential Hazardous Atmosphere)** |
| **TEST Contaminant** | **Time****1** | **Location****1** | **Read****1** | **Time****2** | **Location****2** | **Read****2** | **Time****3** | **Location 3** | **Read****3** | **Time****4** | **Location****4** | **Read****4** | **Time****5** | **Location****5** | **Read****5** |
| O2 (19.5-23.5%) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| LEL (<10%) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| H2S (<10 ppm) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CO (<35 ppm) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NO2 (<5 ppm) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other:       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Instrument datalog used in place of table? (check)**       **datalog personal sample?**       **Attach datalog to permit, if used.** |
| **Use an additional form if more room is needed for air monitoring results.** |

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| **Table 7. Attendants** |
| **Name of Planned Attendant(s):**       |
| **Means of communication with entrants:** [ ]  Voice [ ]  Radio [ ]  Sight [ ]  Other:      |

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| **Table 8. List of Entrants** |
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**Permit required confined space (PRCS) Entrants, Attendants, and Supervisors must have PRCS training.**

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| **Table 9. Conditions Required for Safe Entry** |
| **Description of Conditions:**       |

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| **Table 10. Emergency Rescue Plan** |
| [ ]  **Rescue plan on site** [ ]  **Means of calling 911 on site** [ ]  **Non-entry rescue equipment in place** [ ]  **Rescue team notified/on Stand-By** |
| **Name of nearest street or building:**       |
| **Describe Emergency Rescue Plan:**      **Is rescue service familiar with space and prepared to provide assistance? Yes**        **No**      **If NO, do not proceed until service is prepared):** |

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| **Table 11. Other Comments Notes and Instructions (OPTIONAL)** |
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| **Table 12. Permit Authorization** |
| Entry Supervisor Name:        | Are all safety entry conditions met? Yes / No  |
| Start Date and Time:        | Supervisor Signature (approval of permit):       |
| Termination/Expiration Date and Time:        | Supervisor Signature (closure of permit):       |
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Reminders: Other permits may apply such as but not limited to: energized electrical work and hot work. Other procedures may be needed for safe entry such as energy control procedures and SOPs. If any conditions change that present a hazard while inside the space, exit the space immediately and terminate the Permit until hazards can be reassessed and controlled.

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