

Confined Space

Confined Space:

- * Sufficiently large for personnel entry
- * Limited entry or exit.
- * Not intended for continuous occupancy.

Permit Required Confined Space:

- * Actual or potentially hazard atmosphere.
- * Potential material engulfment hazard.
- * Internal wall or floor configuration caused trap or asphyxiation hazard.
- * Recognizable safety or health hazard.
- * Self-rescue impairment.
- * Immediately dangerous to life or health.

Hazardous Atmosphere:

- * Risk of death, incapacitation, self-rescue impairment, injury or acute illness associated with one or more of the following:
 - * Oxygen level below 19.5%.
 - * Oxygen level above 23.5%.
 - * Flammable gas, vapor or mist level that exceeds 10% or the Lower Flammability Limit (LFL).
 - * Atmospheric concentration of a hazard substance.
 - * Atmospheric concentration of any substance which may exceed a Permissible Exposure Limit (PEL).
 - * Atmosphere that is immediately dangerous to life or health.
 - * Airborne combustible dust that meets or exceeds its Lower Flammability Limit (LFL).

Confined Space

**Permit Required Confined Space Entry Alternate Procedure: WAC: 296-809-60002
OSHA: 1926.1203 (e) (1) and (e) (2)**

- * It can be demonstrated that the only hazard posed by the permit required space is an actual or potential hazard atmosphere.
- * It can be demonstrated that continuous forced air ventilation along is sufficient to maintain the permit space safe for entry.
- * Monitoring, testing and inspection data supports the demonstrations listed above.
- * The space is not entered for any purpose, including for the purpose of monitoring, testing or inspecting, until the space is determined to be safe for entry.
- * Documentation requirement:
 - * As required above, evaluation, conclusions and supporting data , refer and utilize the "Confined Space Evaluation Report" form.

Non-Permit Confined Space:

- * Does not contain or, with respect to an atmospherical hazard, have the potential to contain any hazard that is capable of causing death or serious physical harm.
- * Evaluate and certify the space is safe to enter.
 - * Refer to and utilize the "Confined Space Evaluation Report" form.

Reclassification of a Permit Required Confined Space:

- * No actual or potential atmospherical hazard.
- * Other hazard(s) eliminated.
 - * Forced air ventilation does not constitute elimination of the hazard(s).
- * Written certification:
 - * Date. * Location of the relevant space.
 - * Signature of the the person who is preparing and providing the certificate.
 - * Certificate available for review by relevant personnel.
- * If hazardous condition returns, the space is reclassified as a permit-required space.

Confined Space

Permit Required Confined Space Procedures:

- * Provide measures in order to prevent unauthorized entry. Post a "DANGER-PERMIT REQUIRED CONFINED SPACE. DO NOT ENTER" warning/informational sign.
- * Insure that access opening cover is properly secured.
- * When cover is removed, provide entrance area guardrail system, cover or suitable barricade.
- * Provide pedestrian, vehicular traffic or other hazard barricades.
- * Prevent foreign object entry into space.
- * Prior to personnel entry, identify and evaluate the permit space hazard(s).
- * Verify that atmospheric testing and monitoring equipment is available, properly calibrated and utilized by qualified personnel.
- * Test internal atmosphere, prior to personnel entry and continuously during the performance of relevant work activities. (OSHA)
- * Test internal atmosphere, prior to personnel entry and periodically during the performance of relevant work activities. (WISHA)
 - * Oxygen Content
 - * Flammable Gases
 - * Toxic Atmospheric Contaminant(s)
- * Specify acceptable entry conditions.
- * Isolate the space. * If applicable, implement lock-out/tag-out procedures.
- * In order to eliminate or control atmospheric hazard(s), purge, inert, flush and/or ventilate the space.
- * Throughout entry duration, verify that space conditions remain acceptable.
- * Insure availability of the following:
 - * Ventilation equipment.
 - * Personal Protective Equipment (PPE).
 - * Suitable illumination
 - * Suitable ingress and egress equipment.
 - * Rescue and emergency equipment and personnel.
 - * Necessary safety equipment.
 - * Outside attendant (multiple monitoring permissible)

Confined Space

- * Verify that a safe work area environment is maintained.
- * If a hazardous atmosphere is detected during or after original entry:
 - * Personnel will immediately leave the space.
 - * The space will be evaluated in order to determine how the hazardous atmosphere developed.
 - * In order to provide personnel exposure protection, indicated corrective measures will instituted.
- * Designated personnel:
 - * Authorized entrant(s). * Attendant(s) * Entry supervisor
 - * Atmospheric testing and monitoring equipment operator.
 - * Rescue and emergency.
- * Establish and implement the following procedures:
 - * Rescue and emergency service notification. * Entrant(s) rescue.
 - * Rescue team personnel. * Unauthorized entry prevention.
- * Entry permit preparation, issuance, use and cancellation system development.
 - * Canceled entry permit retained, subsequent an entry, for a one-year time period.
- * Periodically, entry procedures reviewed and evaluated.
- * Provide personnel training:
 - * Rescue team. * Supervisor(s) * Entrant(s)
 - * Atmospheric tester and monitor. * Personnel not authorized to enter a confined space.

Confined Space Evaluation Report
(Alternative Procedure as Provided in WAC 296-809-60004)

Date: _____ Location of Space: _____

Does the confined space contain any of the following hazards?:

Hazardous Atmosphere: YES NO*

Engulfing Hazard: YES NO

Immediately Dangerous to Life/Health: YES NO

Self-Rescue Impediment: YES NO

Safety/Health Hazard(s): YES NO

Trap or Asphyxiation Hazard: YES NO

*Atmospheric Tests:

Tested by: _____

Time tested: _____

Levels tested: _____

Oxygen content (between 19.5% and 23.5%): _____

Flammable gas, vapor or mist: _____

Carbon Monoxide: _____

Hydrogen Sulfide: _____

Suspected contaminants: _____

Cover appropriately secured: _____

Employees protected from foreign objects entering the space: _____

Entrance properly guarded: _____

Forced air ventilation provided: _____

I have evaluated the above described confined space and hereby certify that the space is safe for entry.

Certified by: _____ Date: _____

A copy of this evaluation will be maintained and available for review by pertinent personnel. After the task(s) has been completed, this form should be filed in the permanent "Job File" and, after the project has been completed, provided to the company's business office.

Confined Space Entry Permit

Issued: _____ Expires: _____
Date Time Date Time

Location: _____ Supervisor: _____

Purpose of the entry: _____

Authorized entry personnel Name: _____ Time In: _____ Time Out: _____
Name: _____ Time In: _____ Time Out: _____
Name: _____ Time In: _____ Time Out: _____
Name: _____ Time In: _____ Time Out: _____

Attendant(s): _____

Space hazard(s): _____

Space management measures: Locked-out: _____ Purged: _____ Inert: _____ Flushed: _____ Blinded: _____
Disconnected: _____ Blocked: _____ Other: _____ Other: _____ Other: _____

Atmospheric Tests: Tested by: _____

Levels tested: _____

Time tested: _____

Oxygen content (between 19.5% and 23.5%): _____

Flammable gas, vapor or mist: _____

Potential toxic air contaminants: _____

Suspected contaminants: _____

Rescue procedures: _____

Equipment: Atmospheric monitor: _____ Safety harness(es) & lifeline(s): _____ Hoisting equipment: _____

Respirator(s): _____ Personnel protective equipment & clothing: _____ Communications: _____

Ventilation equipment: _____ Suitable lighting and electrical equipment: _____ Hot work: _____

Communication procedures: _____

Permit prepared by: _____ Date: _____

Permit approved by: _____ Date: _____

Non-Permit Confined Space Evaluation

Date: _____

Location of Space: _____

Does the Confined Space contain any of the following hazards?:

Hazardous Atmosphere: YES NO*

Engulfing Hazard: YES NO

Safety/Health Hazard: YES NO

Trap or Asphyxiation Hazard: YES NO

Atmosphere Tested*:

Atmosphere tested by: _____

Time tested: _____

Levels tested: _____

Oxygen level (between 19.5% and 23.5%) _____

Flammable gas, vapor or mist: _____

Potential toxic air contaminants: _____

Suspected contaminants: _____

I have evaluated the above listed confined space and hereby certify that it does not contain or, with respect to atmospheric hazards, have the potential to contain any hazard capable of causing death or serious physical harm.

Certified by: _____

Date: _____