LEHIGH UNIVERSITY
(8) EIGHT-HOUR CONFINED SPACE PERMIT

DATE: ___________________ TIME: ______________ CONFINED SPACE #: __________

LOCATION:

DESCRIPTION OF WORK:

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<table>
<thead>
<tr>
<th>PRE-ENTRY CHECKLIST</th>
<th>YES</th>
<th>NO</th>
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</thead>
<tbody>
<tr>
<td>1. Have all hazards been isolated? i.e. electrical, pneumatic, mechanical, hydraulic C safely locked out?</td>
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<tr>
<td>2. Is the area free of hazards such as drifting vapors?</td>
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<tr>
<td>3. Has the monitor been calibrated and properly zeroed?</td>
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<tr>
<td>4. Are you trained in the operation of the monitor?</td>
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<tr>
<td>5. Will the atmosphere be continually monitored?</td>
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<tr>
<td>6. Do you have emergency communication available? i.e. phone, radio?</td>
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<td>7. Will the type of work you are performing create a toxic atmosphere?</td>
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<td>8. Have emergency procedures been reviewed?</td>
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<tr>
<td>9. Does everyone have appropriate PPE?</td>
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<tr>
<td>10. Do you feel safe about the work you are performing?</td>
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</tr>
</tbody>
</table>

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AIR QUALITY (PRE-ENTRY TEST)
Oxygen (19.5 - 22%) _____ %
Explosive (10% or less) _____ %
CO _____ PPM (Parts Per Million) H2S _____ PPM Other _____ PPM

Is additional ventilation required? ____ YES ____ NO
If so, retest atmosphere and record results:
Oxygen (19.5 - 22%) _____ %
Explosive (10% or less) _____ %
CO _____ PPM (Parts Per Million) H2S _____ PPM Other _____ PPM

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AIR QUALITY (INSIDE CONFINED SPACE)
Oxygen (19.5 - 22%) _____ %
Explosive (10% or less) _____ %
CO _____ PPM (Parts Per Million) H2S _____ PPM Other _____ PPM

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LEADMAN SIGNATURE: ___________________ DATE: ___________________
SUPERVISOR SIGNATURE: ___________________ DATE: ___________________

ATTENDANTS

ENTRANTS

1. If there are any alarms - Evacuate the area.
2. If you have any questions, speak to your supervisor or call Environmental Health and Safety, X84251, prior to beginning any work.

SEND A COPY OF THE COMPLETED FORM TO:
Environmental Health and Safety
211 Warren Square