

BYU-Idaho Confined Space Work Permit

W.O.:	CSP: (year-month-day-hour)	Other Permit(s):
Completed by the Requestor		
<input type="checkbox"/> In House Shop	<input type="checkbox"/> Contractor:	
Date:	Begin Time:	End Time:
Description of Job Location: _____ Description of work to be done: _____ _____ _____ _____ Requestor(s): _____ Date: _____		
Safety Checklist (verify that proper controls are in place:		
____ Workers must be trained, qualified, and have full knowledge of equipment & hazards. ____ At least one personnel trained in CPR & First Aid on site ____ Location of closest AED _____ ____ Pre-entry Hazard Assessment completed. ____ Other Permits Required: ____ Hot Work ____ Energized Electrical ____ Other: _____ ____ Work Area control measures include: ____ Barriers & Signs ____ Attendant / Safety person ____ Ventilation: ____ Natural ____ Mechanical Forced Air ____ PPE: ____ Respiratory Protection ____ Safety Glasses/goggles ____ Hearing Protection ____ Established proper communications ____ Verbal ____ Radio ____ Other: _____ ____ See attachment for added information, special requirements, procedures, or written work plans.		
Environmental Checks:		
Oxygen Readings		
LEL / Flammability		
H ₂ SO ₄		
Carbon Monoxide		
Chlorine (If appropriate)		
Authorization of Energized Electrical Work Permit		
_____ Date _____ Department Supervisor		_____ Date _____ University Safety Officer
Safety Person:	Entrant:	
Entrant:	Entrant:	
Entrant:	Entrant:	