Checklist of E/OHS Activities for Confined Space Entry

Program Contact Person: ­­­ Brian Mohr

Is the Confined Space Entry Plan in place? Yes *No N/A*

Is the Plan current? Yes *No N/A*

Has the Plan been reviewed this school year? Yes *No N/A*

Have confined space areas been identified? Yes *No N/A*

Have measurements to include CCI/ft been completed? *Yes No N/A*

Are permit entry forms in place? Yes *No N/A*

Location: Activities Manual

Are confined space labels in the proper locations? Yes *No N/A*

Is a list of employees eligible to enter confined spaces complete? Yes *No N/A*

Has training for affected employees completed? *Yes No*

Date of completion: March 8, 2011

*Note: Metering equipment is available through the consultant in the event of entry into a confined space. The school also maintains testing devices to assist in monitoring.*

**Employees Authorized to Enter Confined Spaces**

|  |  |  |
| --- | --- | --- |
| Name | Building or Buildings | Training Date |
| Brian Mohr | All School Buildings | March 2011 |
| Justin TenYeck | All School Buildings | March 2011 |
| Chuck Platisha | All School Buildings | March 2011 |
| David Jahn | All School Buildings | March 2011 |
| Greg Tavory | All School Buildings | March 2011 |
| Dan Piehl | All School Buildings | March 2011 |
| Jimmy Mickle | All School Buildings | March 2011 |
| Rick Schmidt | All School Buildings | March 2011 |







**Minnesota Confined Space Entry Permit**

**Date** **Permit Space Number/Location**

**Reason for Entry** **Hot Work Permit Needed?**

**Authorized Duration of Entry**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Permit Space Hazards** | | |  | **Preparation Procedures** | | |  | **Required Equipment** | |
| **N** | **Y** | **Hazard** | **Req’d** | **Done**  **Init.** | **Procedure** |  | **Ventilator(s)** |
|  |  | Pre-Opening Hazards | *Minimum Cap: \_\_\_\_\_\_\_\_\_\_ CFM* | |
|  |  | Oxygen Def./Enrichment |  |  | Pre-entry Checklist |  | **Respirators** |
|  |  | Flammables/Fire |  |  | Pre-opening Hazards | *Type(s):* | |
|  |  | Toxins: |  |  | Electrical LO/TO |  | **Atmospheric Monitors** |
|  |  |  |  |  | Pneumatic Isolation | *Type:* | |
|  |  |  |  |  | Hydraulic Isolation |  | **Communication** |
|  |  | Hazardous Energy |  |  | Mechanical Isolation | *Type:* | |
|  |  |  |  |  | Traffic Control/Barricading |  | **Fall Protection** |
|  |  | Engulfment/Entrapment |  |  | Noise/Heat/Cold |  | *Harnesses*  *Tripods* |
|  |  | Falls/Falling Objects |  |  | Fall Protection |  |
|  |  | Lighting/Noise/Heat/Cold |  |  | Ventilation Purge  Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  | Hot/Corrosive Materials |  | **Personal Protection** |
|  |  |  | Procedures, if not attached, may be found in: | | |  | *Eye*  *Hearing*  *Foot/Hand* |
|  |  |  |  |
|  |  |  |  |
|  | | |  |
| **In Case of Emergency:** | | | | | | | |  |
|  | **Spark proof Tools/Lighting** |
|  |  |
|  |
|  |
|  | **Rescue/Emergency** |
|  | *SCBA*  *Fire Extinguisher*  *Radio/Telephone* |
|  |
|  |
|  |
|  |
|  |

**Entry Supervisor(s)**

**Attendant**

**Authorized Entrants (list by name or roster must be attached)**

***Entry Supervisor(s):*** *I certify that all pre-entry conditions listed on the reverse of this permit have been met and the space is safe to enter.*

Date/Time

Date/Time

Date/Time

**Permit Cancelled** (date/time/signature)

Did all information on this permit accurately reflect conditions encountered?

Confined Space Assessment Worksheet

|  |  |  |  |
| --- | --- | --- | --- |
| Confined Space: | Purpose of Entry: | | |
| **To determine if the space listed above is a confined space, read each of the following statements and highlight the response that best applies to the space being evaluated.** | | | |
| The space is large enough and is so configured that an employee can bodily enter and perform assigned work. | | YES | NO |
| The space has limited or restricted means of entry or exit (i.e. tanks, vaults, vessels, silos, storage bins, hoppers, pits, diked areas) | | YES | NO |
| The space is **not** designed for continuous employee occupancy. | | YES | NO |
| If **all** three of the above statements were answered **yes,** the area being evaluated is a **confined space**. Continue to the next section to determine if it is a “**permit-required**” confined space. If **any** of the above statements were answered **no**, proceed no further. The area does not qualify as a “confined space”. | | | |
| **The space contains, or has the potential to contain a “hazardous atmosphere”. Highlight yes or no, and check all those that apply. Specify hazard when possible.** | | YES | NO |
| \_\_\_\_\_ Flammable gas/ vapor/ mist  Fuel supply locked out/ disconnected | \_\_\_\_\_ Oxygen conc. Below 19.5% or above 23.5% | | |
| \_\_\_\_\_ Airborne combustible dust conc. > or = it’s LFL. Dust obscures vision @ 5 feet or less. | \_\_\_\_\_ Atmospheric concentration exceeding the PEL or dose for any substance published in subpart G or Z. | | |
| \_\_\_\_\_ Any other atmospheric condition that is IDLH. (i.e. poor ventilation, migrating vapors/gases) | \_\_\_\_\_ Other: (inerting gases, etc.) | | |

|  |  |  |
| --- | --- | --- |
| **The space contains a material that has the potential for engulfing an entrant (i.e. fill or plug respiratory tract, cause death by crushing, constriction, or strangulation).** | YES | NO |

|  |  |  |
| --- | --- | --- |
| **The space has an internal configuration such that an entrant could become trapped or asphyxiated. Highlight yes or no, and check all those that apply.** | YES | NO |
| \_\_\_\_ Converging walls/downward sloping floors | \_\_\_\_ Constriction/taper to a smaller cross-section | |
| \_\_\_\_ Difficult to exit/inadequate access/obstacles | \_\_\_\_ Other: | |

|  |  |  |
| --- | --- | --- |
| **The space contains other recognized serious safety or health hazards. Highlight yes or no, then check all those that apply. Specify hazard in the margin or reverse side.** | YES | NO |
| **\_\_\_\_** Poor or difficult communication | **\_\_\_\_** Noise/ vibration | |
| **\_\_\_\_** Equipment startup/mechanical hazard | \_\_\_\_ Inadequate light/poor visibility | |
| \_\_\_\_ Hot or cold contact/extremes | \_\_\_\_ Slip & trip surfaces, fall from heights | |