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: February 25, 2016

*Note: The authorized employees that enter the confined spaces are aware of the dangers and potential hazards upon entering confined spaces. They continually do it as part of their job.-EC 2/25/16*

*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 | February 2016 |
| Justin TenYeck | All School Buildings | February 2016 |
| Chuck Platisha | All School Buildings | February 2016 |
| David Jahn | All School Buildings | February 2016 |
| Greg Tavory | All School Buildings | February 2016 |
| Dan Piehl | All School Buildings | February 2016 |
| Jimmy Mickle | All School Buildings | February 2016 |
| Rick Schmidt | All School Buildings | February 2016 |

Confined Space Inventory

**Hutchinson Public Schools**

**Building:** West Elementary

**Building Contact:** Jimmy Mickle **Program Contact:** Brian Parrie

**Completed By:** Eileen Carlson **Date:** 2/25/16

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Room Identification****Name Given Space** | **Opening****Dimension** | Dimension**Of Confined Space** | Potential **Hazards** | Permit/**Non-Permit/Alternate** | **Labeled** | **Photo****ID #** |
| **Mechanical Room off Kitchen** | **23”X33’** | **65”X33”X33’** | **LE** | **Non-Permit Required** | **No** | **2414** |
| **AHU (Roof Top)** |  |  |  |  |  |  |
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Note: Roof top AHU contain access location designed for maintenance and repair. These confined spaces typically are non-permit required in that no hazards could be identified.

Reviewed: 2-25-2016- EC

**Confined Space Potential Hazard Key**

Explosive / Flammable Atmospheres EF

Toxic Atmospheres T

Engulfment E

Asphyxiation Ax

Entrapment En

Slips and falls SF

Chemical Exposure C

Electric Shock ES

Thermal/Chemical Burns TC

Noise and Vibration NV

Limited Entry LE

Atmospheric A

Confined Space Inventory

Hutchinson Public Schools

**Building:** Park Elementary

**Building Contact:** David Jahn **Program Contact:** Brian Parrie

**Completed by:** Eileen Carlson **Date:** 2/25/2016

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Room Identification****Name Given Space** | **Opening****Dimension** | Dimension**Of Confined Space** | Potential **Hazards** | Permit/**Non-Permit/Alternate** | **Labeled** | **Photo****ID #** |
| **Boiler Room**  | **30”X33” Rectangle** | **24”X24”** | **LE,Ax** | **Non-Permit Required** | **No** |  |
| **Boiler (#4)** |
| **Boiler Room** | **30”X33” Rectangle** | **24”X24”** | **LE, Ax** | **Non-Permit Required** | **No** |  |
| **Boiler (#5)** |
| **Tunnels** | **3’X4’** | **3’X4’X>200’** | **T, E, A** | **Permit Required** | **Yes**  |  |
| **Room 55****AHU (1)** | **17”X50”** | **42”X60”X54”** | **None** | **Non-Permit Required** | **No** |  |
| **Room 55****AHU (1)** | **25”X64”** | **25”X64”X6’** | **None** | **Non-Permit Required** | **No** |  |
| **Multipurpose Room****AHU (1)** | **30”X36”** | **30”X36”X10’** | **None** | **Non-Permit Required** | **No** |  |

Note: The boilers were all replaced and they no longer require a permit to enter them. The tunnel was labeled, but sticker is coming off, need new label.

EC- 2/25/16

**Confined Space Potential Hazard Key**

Explosive / Flammable Atmospheres EF

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Chemical Exposure C

Electric Shock ES

Thermal/Chemical Burns TC

Noise and Vibration NV

Limited Entry LE

Atmospheric A



**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 PurgeTime \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  | 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** |
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|  | **Rescue/Emergency** |
|  | *SCBA**Fire Extinguisher**Radio/Telephone* |
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**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 |