



EMERGENCIES: University Police – 911
From a cell phone (631) 632-3333
Contact EH&S (2-6410) to report a safety problem.

CONFINED SPACE ASSESSMENT / PERMIT FORM

EACH SECTION MUST BE COMPLETELY FILLED OUT BY A TRAINED AND AUTHORIZED EMPLOYEE BEFORE WORK CAN BEGIN

I. CONFINED SPACE LOCATION / DESCRIPTION (Department/Contractor or requesting Supervisor complete this section)

Location of Space: _____ Space Number _____

Type / Description of Space: _____

Description of work being performed (Purpose of Entry) _____

SBU Department responsible for work: _____

Contractor Name & Address if applicable: _____

Print Name of SBU Supervisor/Manager: _____ ID# _____

Print Name of Entrant(s): _____

Print Name of Attendant(s): _____

Scheduled Start: (Date) _____ (Time) _____ Scheduled Finish: (Date) _____ (Time) _____

II. ATMOSPHERIC TESTING – (Fire Marshal will conduct an initial atmospheric test and record results)

**INITIAL
HERE**

PERMISSIBLE ENTRY LEVEL	YES	NO	RESULT	TIME	DATE	
% Oxygen (19.5% to 23.5%)	<input type="checkbox"/>	<input type="checkbox"/>				
% of LEL (flammable atmosphere <10%)	<input type="checkbox"/>	<input type="checkbox"/>				
H2S (<10ppm)	<input type="checkbox"/>	<input type="checkbox"/>				
Carbon Monoxide (<35ppm)	<input type="checkbox"/>	<input type="checkbox"/>				
Other:	<input type="checkbox"/>	<input type="checkbox"/>				

III. HAZARD ASSESSMENT – (Fire Marshal AND Supervisor/Manager will conduct the Hazard Assessment)

Atmospheric Hazards Such As: <input type="checkbox"/> Oxygen Deficiency <input type="checkbox"/> Oxygen Enrichment <input type="checkbox"/> Flammable substances <input type="checkbox"/> Toxic gases, vapors, liquids <input type="checkbox"/> Inert Gas <input type="checkbox"/> Other _____	Engulfment Hazard Such As: <input type="checkbox"/> Liquid <input type="checkbox"/> Solids <input type="checkbox"/> Other _____ Entrapment Hazard Such As: <input type="checkbox"/> Inwardly converging walls. <input type="checkbox"/> Other _____	Other Serious Hazards Such As: <input type="checkbox"/> Live Electrical <input type="checkbox"/> Energized HTHW <input type="checkbox"/> High Pressure <input type="checkbox"/> If <u>Permit Space</u> & > 5feet deep <input type="checkbox"/> Hot Work? <input type="checkbox"/> Other _____
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<input type="checkbox"/> PERMIT CONFINED SPACE <small>If any hazard box from Section III is checked, the space is considered a Permit Required Confined Space.</small>	<input type="checkbox"/> NON - PERMIT CONFINED SPACE <small>If no Hazard box from Section III is checked, the space is considered a Non-Permit Required Confined Space. Safety Precautions may still need to be taken.</small>
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IV. REQUIRED SAFETY PRECAUTIONS

<input type="checkbox"/> SCBA <input type="checkbox"/> Air-Line Respirator <input type="checkbox"/> Fire Retardant Clothing. <input type="checkbox"/> Harness w/ Lifelines	<input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Continuous Air Monitoring <input type="checkbox"/> Secure Area	<input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Protective Gloves <input type="checkbox"/> Lighting	<input type="checkbox"/> Respirators <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Other _____ <input type="checkbox"/> Hot Work Permit
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Confined Space Assessment Performed by: _____
Print Name ID#

All confined space work shall be performed by personnel who are trained in confined space entry operations and are familiar with the University's Confined Space Policy. Initial and continuous / periodic air monitoring is to be established and recorded BEFORE entry and every 2 hours thereafter for each shift. Attendants shall record entry/exit of all entrants. If required, this permit expires at the completion of work and/or if conditions change that adversely affects safety in the work area, and is valid for 8 hours only.

Entrant Signature: _____ Date: _____
 Attendant Signature: _____ Date: _____
 Contractor Signature: _____ Date: _____

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**Stony Brook
University**

CONFINED SPACE ATMOSPHERIC MONITORING/ENTRY LOG

ATMOSPHERIC MONITORING						
Instrument name:				Calibration date:		
GAS	LIMIT	INITIAL RESULT	2 ND HOUR RESULT	4 TH HOUR RESULT	6 TH HOUR RESULT	8 TH HOUR RESULT
% Oxygen	19.5% to 23.5%					
% LEL (flammable atmosphere)	<10%					
H ₂ S	<10 ppm					
Carbon Monoxide	<35 ppm					
Other:						
	Time tested					
	Date tested					
Person performing testing:			Dept:		Date:	
Monitor continuously, recording results every 2 hours • Retest after breaks and lunch Maintain separate air monitoring/entry log for each additional day						
◀ CONFINED SPACE ENTRY LOG ▶						
DATE	ENTRANT'S NAME	ENTRY TIME	EXIT TIME	ATTENDANT'S INITIALS		
		_____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM			
		_____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM			
		_____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM			
		_____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM			
		_____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM			
		_____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM			
		_____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM			
		_____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM			
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		_____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM	_____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM			