

CONFINED SPACE ENTRY PROGRAM

WAC 296-809, Confined Spaces

Applicability and Implementation

- This program is applicable to all permit-required confined spaces at Whitman College
- A permit must be obtained from the Maintenance Supervisor and completed prior to entering permit-required spaces
 - The completed permit must be maintained at the job site and returned to the Maintenance Supervisor at completion of the job
- Only trained personnel may enter confined spaces, serve as safety watch or supervise workers in permit-required confined spaces
- No entry requiring respiratory protection is allowed¹
- Oxygen level and flammable atmosphere monitoring must be performed prior to and during entry into permit-required spaces²
- Safety watch must be established and maintained during permit-required entry
 - Safety watch personnel must be trained and capable of operating safety equipment
- Appropriate safety gear, including a personnel retrieval system must be utilized for entry into permit-required spaces
- Necessary [Hot Work](#) and [Lock Out - Tag Out](#) permits must be completed in order to perform work where those programs apply

Training

The College will provide training at no cost to employees involved in permit-required confined space activities before they are first assigned duties involving such spaces and upon changes in assigned duties. Employees will be retrained if they deviate from procedures for permit-required confined space entry; or demonstrate insufficient knowledge or care in their duties.

Training topics include, but are not limited to

- Roles and responsibilities of employees and supervisors
- Hazards of permit spaces
- Procedures such as methods used to isolate and control hazards, equipment use, equipment maintenance, evacuation and rescue
- For individuals not authorized to perform rescue, the dangers of attempting unauthorized rescue
- Employee proficiency will be determined by
 - A discussion and oral examination following training sessions
 - Supervisor observation of employee performance using safe work procedures and equipment to perform specific job tasks that simulate actual confined space conditions

¹ No entry is permitted for spaces such as a sewer manhole where a toxic atmosphere may exist unless proper monitoring equipment is present and in use.

² Employees may not enter any space with an oxygen enriched or deficient, or flammable atmosphere

EXAMPLE CONFINED SPACE ENTRY PERMIT

Date:					
Site location or description:					
Purpose of entry: _____ _____					
Supervisor(s) in charge of crews:		Type of crew (welding, plumbing, etc)		Phone #:	
Permit duration:					
Communication procedures (including equipment): _____					
Rescue procedures (also see emergency contact phone numbers at end of form): _____ _____					
REQUIREMENTS COMPLETED (Put N/A if item doesn't apply)	DATE	TIME	REQUIREMENTS COMPLETED (Put N/A if item doesn't apply)	DATE	TIME
Lockout/De-energize/Try-out			Supplied Air Respirator (N/A if alternate entry)		
Line(s) Broken-Capped-Blank			Respirator(s) (Air Purifying)		
Purge-Flush and Vent			Protective Clothing		
Ventilation			Full Body Harness w/ "D" ring		
Secure Area (Post and Flag)			Emergency Escape Retrieval Equip		
Lighting (Explosive Proof)			Lifelines		
Hotwork Permit			Standby safety personnel (N/A if alternate entry)		
Fire Extinguishers			Resuscitator—Inhalator (N/A if alternate entry)		
Add other specific information, if needed, or attach additional instructions or requirements. See the following examples in bold print.					
Line(s) to be bled/blanked:					
Ventilation equipment:					
PPE clothing:					
Respirator(s):					
Fire extinguisher(s):					
Emergency retrieval equipment:					

**WHITMAN COLLEGE CONFINED SPACE ENTRY PERMIT
(continued)**

AIR MONITORING										
Substance Monitored		Permissible Levels		Monitoring Results						
Time monitored (put time)		Record the time								
Percent Oxygen		19.5% to 23.5%								
LEL/LFL		Under 10%								
Toxic 1:		____ PEL	____ STEL							
Toxic 2:		____ PEL	____ STEL							
Toxic 3:		____ PEL	____ STEL							
Toxic 4:		____ PEL	____ STEL							
REMARKS: _____										

Air Tester Name	ID#	Instrument(s) Used <small>(For example: oxygen meter, combustible gas indicator, etc.)</small>	Model # or Type	Serial# or Unit						
ATTENDANTS AND ENTRANTS										
Attendant(s) <small>(Required for all confined space work except alternate entry)</small>			ID#	Confined Space Entrant(s)			ID#			
REMARKS: _____										

SUPERVISOR AUTHORIZATION - ALL CONDITIONS SATISFIED										
Department or phone number: _____										
EMERGENCY CONTACT PHONE NUMBERS:										
AMBULANCE:	FIRE:	SAFETY:	RESCUE TEAM:	OTHER:						
_____	_____	_____	_____	_____						