



Testing Requirement	Initial Instrument Reading (Pencil)	Time Interval	Level	Unit	Reading	Reading	Reading	Reading
Oxygen content	%O2							
Flammable concentration	<10%LEL							
H2S (Hydrogen sulfide)	<10PPM							
Cl2 (Chlorine Gas)	<0.5PPM							
CO (Carbon Monoxide)	<35PPM							
SO2 (Sulfur dioxide)	<2PPM							
Toxic concentration	PPM							
(Subpart D or Z )	(PEL= )							
Test for								
Test for								
Test for								

**CONFINED SPACE LIST**

DESIGNATION OR NAME/LOCATION OF SPACE	ASSESSED?		POTENTIAL HAZARDS	PERMIT REQUIRED	
	Yes	No		Yes	No
KSU Recreation Center Room 2033 AHU#2	Yes		Atmospheric Hazards, Mechanical Hazard, Electrical	Yes	
KSU Recreation Center Room 2033 AHU#3	Yes		Atmospheric Hazards, Mechanical Hazard, Electrical	Yes	
KSU Recreation Center Room 2033 AHU#5	Yes		Atmospheric Hazards, Mechanical Hazard, Electrical	Yes	
KSU Recreation Center Chlorine Tank	Yes		Atmospheric Hazards, Mechanical Hazard, Electrical, skin	Yes	
KSU Recreation Center lower deck water pump area	Yes				



**KENNESAW STATE**  
**UNIVERSITY**  
ENVIRONMENTAL HEALTH AND SAFETY

## Confined Space Entry Assessment

EOSMS- 305-A

Last Updated: 11/13/2024

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Completed by:

Date:

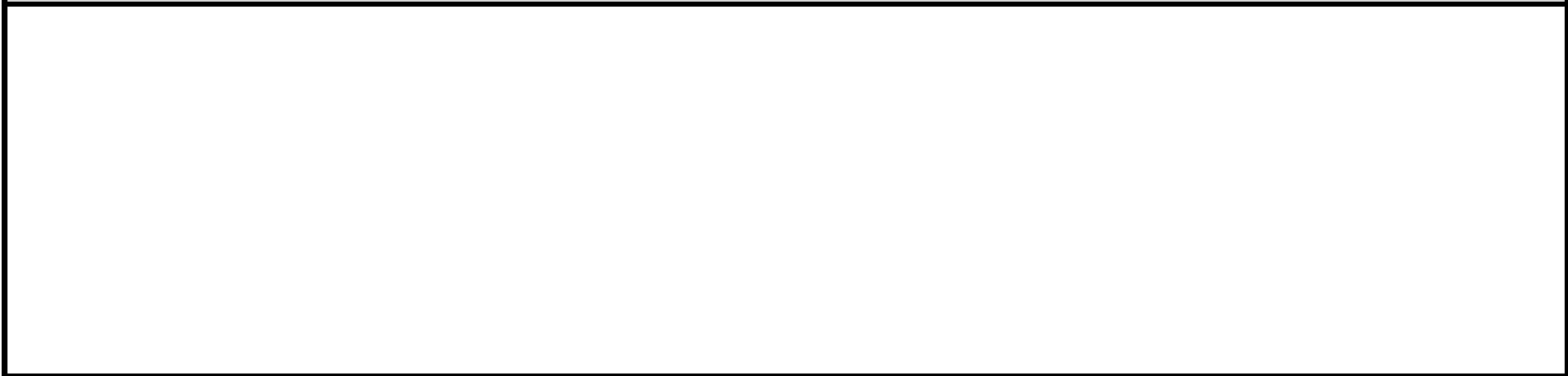
<b>CONFINED SPACE ENTRY ASSESSMENT</b>				
<b>PERMIT</b>		<b>NON-PERMIT</b>		
<b>SPACE INFORMATION</b>				
<b>VERBAL SPACE DESIGNATION:</b>				
<b>NUMERICAL SPACE DESIGNATION:</b>				
<b>LOCATION:</b>				
<b>SPACE MARKED: <input type="checkbox"/> YES <input type="checkbox"/> NO</b>		<b>ENTRY CONTROLLED: <input type="checkbox"/> YES <input type="checkbox"/> NO</b>		
<b>SIGNAGE <input type="checkbox"/> YES <input type="checkbox"/> NO</b>	<b>BARRIERS <input type="checkbox"/> YES <input type="checkbox"/> NO</b>	<b>LOCKS <input type="checkbox"/> YES <input type="checkbox"/> NO</b>	<b>OTHER:</b>	
<b>CURRENT USE OF SPACE: PREVIOUS USE OF SPACE:</b>				
<b>RELATED OPERATING PROCEDURES REVIEWED</b>				
<b>HAZARD COMMUNICATION</b>	<input type="checkbox"/>	<b>RESPIRATORY PROTECTION</b>	<input type="checkbox"/>	<b>ELECTRICAL SAFETY</b>
<b>LOCK OUT TAG OUT</b>	<input type="checkbox"/>	<b>JOB HAZARD ANALYSIS</b>	<input type="checkbox"/>	<b>PROCESS SAFETY</b>
<b>WELDING SAFETY</b>	<input type="checkbox"/>	<b>ACCIDENT INVESTIGATION</b>	<input type="checkbox"/>	<b>FIRE PREVENTION</b>
<b>CONFINED SPACE ASSESSMENT CHECKLIST</b>				
<b>Can an employee enter &amp; perform work either with or without permission?</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>Do people occupy the space even though it was not designed for it?</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>Is entry and or egress limited or present unusual rescue problems?</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>Does the space have any potential for a hazardous atmosphere?</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>Does the space contain a material or liquid that could engulf an entrant?</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>Does the internal space configuration present the hazard of entrapment?</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>Does the space contain any other recognized safety and or health hazards?</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>Is previous and or current entry hazard data available for review</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>*Does entry hazard data confirm designation as a permit space?</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>*Were there any "yes" answers to 4-7 which cannot be controlled?</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>IF * are YES, the space must be designated as a permit required confined space!</b>				
<b>ASSESSED HAZARDS &amp; REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>				



	HAZARDS	REMARKS	PPE REQUIRED/OTHER EQUIP.
	Restricted Entry/Egress		
	Oxygen Deficiency	Less than 19.5%	
	Oxygen Enrichment	More than 23.5%	
	Oxygen Displacement		
	Flammable Gases or Vapors	More than 10% LEL	

	Toxic Gases or Vapors	More than PEL	
	Airborne Combustible Dusts	Meets or Exceeds LFL	
	Chemical Hazards		
	Mechanical Hazards		
	Electrical Hazards		
	Respiratory Hazards		
	Engulfment Hazards		
	Entrapment Hazards		
	Fall Hazards		
	Skin Hazards		
	Hot/Cold Hazards		
	Radiation Hazards		
	Biological Hazards		
	Toxic Liquids		
	Potential High Liquid Level		
	Internal Baffles		

**DIAGRAM OR PHOTOS OF SPACE (Indicate Portals)**



**CONFIGURATION OF SPACE**

<b>VESSEL</b>	<b>PIT</b>	<b>VAULT</b>	<b>Trash compactor</b>	<b>HOPPER</b>	<b>BIN</b>
<b>TANK</b>	<b>HVAC unit</b>		<b>SEWER</b>	<b>WELL</b>	<b>TUNNEL</b>
				<b>OTHER:</b>	

**DIMENSIONS OF SPACE**



<b>DEPTH/HEIGHT:</b>		<b>WIDTH/INNER DIAMETER:</b>		<b>LENGTH:</b>	
<b>VOLUME/CAPACITY:</b>		<b>SHAPE:</b>			
<input type="checkbox"/> ELEVATED	<input type="checkbox"/> ABOVE GROUND	<input type="checkbox"/> BELOW GROUND	<input type="checkbox"/>		
<b>ANTICIPATED RESCUE</b>					
<input type="checkbox"/> VERTICAL EXTRACTION		<input type="checkbox"/> HORIZONTAL EXTRACTION		<input type="checkbox"/> OTHER:	
<b>REMARKS/RECOMMENDATIONS</b>					
<b>Computer File Name:</b>					
<b><input type="checkbox"/> APPROVED AUTHORIZATION</b>					
I certify that I have conducted a confined space assessment of the above designated space. To the best of my knowledge, I believe the information contained herein to be true and accurate as of the time of the assessment.					
<b>NAME:</b>			<b>TITLE:</b>		
<b>SIGNATURE:</b>			<b>DATE:</b>	<b>TIME:</b>	
				<input type="checkbox"/> AM <input type="checkbox"/> PM	
<b>FURTHER DETAILED ON ATTACHMENT(S) <input type="checkbox"/> YES <input type="checkbox"/> NO</b>					
<b>ASSESSMENT FORM RETENTION INFORMATION</b>					
<b>PERMANENT RETENTION FILE:</b>					
<b>FILE LOCATION:</b>			<b>DATE FILED:</b>		<b>TIME:</b>
					<input type="checkbox"/> AM <input type="checkbox"/> PM
<b>ATTACHMENT(S) INCLUDED: <input type="checkbox"/> YES <input type="checkbox"/> NO</b>			<b>FILED BY:</b>		

**DIAGRAM OR PHOTOS OF SPACE (Indicate Portals)**



**CONFIGURATION OF SPACE**

<b>VESSEL</b>	<b>PIT</b>	<b>VAULT</b>	<b>Trash compactor</b>	<b>HOPPER</b>	<b>BIN</b>
<b>TANK</b>	<b>HVAC unit</b>		<b>SEWER</b>	<b>WELL</b>	<b>TUNNEL</b>
				<b>OTHER:</b>	

**DIMENSIONS OF SPACE**

<b>DEPTH/HEIGHT:</b>	<b>WIDTH/INNER DIAMETER:</b>	<b>LENGTH:</b>
<b>VOLUME/CAPACITY:</b>	<b>SHAPE:</b>	
<input type="checkbox"/> <b>ELEVATED</b>	<input type="checkbox"/> <b>ABOVE GROUND</b>	<input type="checkbox"/> <b>BELOW GROUND</b>

**ANTICIPATED RESCUE**

<input type="checkbox"/> <b>VERTICAL EXTRACTION</b>	<input type="checkbox"/> <b>HORIZONTAL EXTRACTION</b>	<input type="checkbox"/> <b>OTHER:</b>
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**REMARKS/RECOMMENDATIONS**

**Computer File Name:**



SITE PREPARATION REQUIREMENTS					
Work area isolated with signs and or barriers?			Yes <input type="radio"/>	No <input type="radio"/>	
All energy sources locked/tagged out?			Yes <input type="radio"/>	No <input type="radio"/>	
All input lines capped/blinded?			Yes <input type="radio"/>	No <input type="radio"/>	
If vessel; drained, flushed, neutralized, cleaned, and purged?			Yes <input type="radio"/>	No <input type="radio"/>	
Ventilation initiated 30 min. before entry?			Yes <input type="radio"/>	No <input type="radio"/>	
Fire extinguishers on hand?			Yes <input type="radio"/>	No <input type="radio"/>	
Fall hazards considered and prepared for?			Yes <input type="radio"/>	No <input type="radio"/>	
Engulfment hazards considered and prepared for?			Yes <input type="radio"/>	No <input type="radio"/>	
PRE-ENTRY ATMOSPHERIC TESTING					
<b>Tester:</b>	Name:		Signature:		
	Title:	Date:	Time:	am	pm
INITIAL TESTING DATA					
Testing	Instrument	Last Time	Time	Action Levels	
Requirement	Reading (Pencil)	Taken (Pencil)	Interval	Level	Unit
Oxygen content	%O2				
Flammable concentration	<10%LEL				
H2S	<10PPM				
Cl2	<0.5PPM				
CO	<35PPM				
SO2	<2PPM				
Toxic concentration	PPM				
	(TLV= )				
Heat stress					
Test for					
EMERGENCY/RESCUE PROCEDURES					
Location of written Emergency/Rescue Plan:					
Type of Emergency/Rescue Team required:					



On-site: Yes <input type="radio"/> No <input type="radio"/>		Contact:	Phone:
Off-site: Yes <input type="radio"/> No <input type="radio"/>		Contact:	Phone:
Additional Information			
<b>PERSONAL PROTECTIVE EQUIPMENT REQUIRED</b>			
Air purifying respirator? Type:		Yes <input type="radio"/>	No <input type="radio"/>
Self-Contained Breathing Apparatus Required?		Yes <input type="radio"/>	No <input type="radio"/>
Atmospheric Monitor Required?		Yes <input type="radio"/>	No <input type="radio"/>
<ul style="list-style-type: none"> <li>If yes, type:</li> </ul>			
<b>AREA SAFETY EQUIPMENT REQUIRED</b>			

<b>SPACE REVIEW INFORMATION</b>					
Current use of Space:					
Previous use of Space:					
Previous Problems:					
Previous Permit Reviewed:	Date:	Time:	<input type="checkbox"/> am	<input type="checkbox"/> pm	Initials:
<b>PERMIT AUTHORIZATION</b>					
I acknowledge that I have inspected the work area for safety and reviewed all safety precautions recorded on this permit.					
Name:		Signature:			
Title: ENTRY SUPERVISOR		Date:	Time: (am) (pm)		
Name:		Signature:			
Title:		Date:	Time: (am) (pm)		
<b>PERMIT RETENTION INFORMATION</b>					
Permanent Retention File:		Location:			
Date Filed:		Filed By:			