Confined Space Safety Guidelines

**Purpose:** Promulgate guidelines for working safely in confined spaces.

**Discussion:** A “confined space” is defined as an area that is difficult to get into and/or out of. Confined spaces are not designed for prolonged occupancy by humans. There is usually poor ventilation or toxic gases or a lack of adequate oxygen in these areas, posing a significant risk to employee health. The confines space entry procedures are intended to protect employees entering areas containing hazardous materials. All confined spaces will be identified through a facility-wide survey, and all employees will be trained in the correct procedures to be followed when working in a confined space.

A permit-required confined space is one that meets the definition of a confined space and:
1. Has a limited or restricted means of entry or exit, is large enough for an employee to enter and perform assigned work, and is not designed for continuous occupancy by an employee.
2. Contains or has the potential to contain a hazardous atmosphere.
3. Contains a material that has the potential for engulfing an entrant.
4. Has an internal configuration that might cause an entrant to be trapped or asphyxiated by inwardly converging walls or by a floor that slopes downward and tapers to a small cross section.
5. Contains any other recognized serious safety or health hazard.

**Procedure:**
1. All possible confined spaces will be evaluated to determine if space is permit-required. It will be clearly identified by posting a danger sign stating:
   
   **DANGER**
   **PERMIT-REQUIRED CONFINED SPACE**
   **AUTHORIZED ENTRANTS ONLY**

2. The Department Supervisor will be notified using the standardized checklist providing details on the work to be completed, who will be doing the work, when the work will begin and end, and what tools will be used.
3. Test conditions in the permit space prior to entry and monitor the space during the entry. Perform, in the following sequence, tests for atmospheric hazards: oxygen, combustible gases or vapors, and toxic gases or vapors.
   3. Lock-out/tag-out appropriate mechanical equipment.
   4. Personal protective equipment will be used when required.
5. One attendant will be stationed outside permit space and will maintain communication with entrant for duration of entry operations.
6. In emergency and rescue situations safety and local rescue units will be summoned.
7. If hazardous conditions are detected during entry, employees must immediately leave the space and the space must be evaluated to determine the cause of the hazard.
8. Only explosion-proof, grounded equipment may be used.
9. A copy of the confined space work permit shall be posted nearby to advise others of the work in progress.
10. Contractors must be informed of permit spaces and permit space entry requirements, any identified hazards, experience with the space (i.e. the knowledge of hazardous conditions), and precautions or procedures to be followed when in or near permit spaces.
11. When employees of more than one employer are conducting entry operations, the affected employers must coordinate entry operations to ensure that affected employees are appropriately protected from permit space hazards.
12. The Director of Environmental Service will ensure all employees are properly trained in confined space entry.
13. The Director of Environmental Services will ensure all employees are properly trained in confined space entry.
Confined Space Entry Permit

TEST RESULTS: __________________________________________________________

TESTER’S SIGNATURE: ________________________________________________

SIGNATURE OF
AUTHORIZING SUPERVISOR: ____________________________________________

DATE: _______________________________________________________________

DURATION OF ENTRY: _________________________________________________

NAME OF SPACE: _____________________________________________________

NAME OF ENTRANTS: 1. _______________________________________________

2. _____________________________________________

3. _____________________________________________

4. _____________________________________________

NAME OF ATTENDANT: ________________________________________________

PURPOSE OF ENTRY: _________________________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________

KNOWN HAZARDS: _____________________________________________________

MEASURES TO ISOLATE AREA
(LOCK-OUT/TAG-OUT): _____________________________________________

EMERGENCY CONTACT/RESCUE: _______________________________________

COMMUNICATION PROCEDURES: _______________________________________