

WICHITA STATE UNIVERSITY  
CONFINED SPACE ENTRY PROGRAM

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## **Environmental Health and Safety**



individual's ability to escape unaided from a permit space.

- N Lower Explosive Limit (LEL): Minimum concentration of a flammable gas or vapor in air

anchor point located outside the entry.

#### IV. NONPERMIT REQUIRED CONFINED SPACES

A confined space that does not contain ~~with respect to atmospheric hazards~~, have the potential to contain, any hazard capable of causing death or serious physical harm may be considered ~~a permit~~ required confined space. Procedures for such spaces are as follows:

- A. Before entry into any confined space, the authorizing supervisor must follow the ~~entry~~ checklist provided on page ~~4~~ Blank Permits.
- B. Before each entry into any confined space, atmospheric testing utilizing ~~existing~~ instruments must be performed to verify that the space meets the conditions of not requiring a permit. If all conditions in the air monitoring section of the ~~entry~~ checklist indicate "yes" answers, and the space does not meet the definition of a ~~required~~ confined space, no written permit is required.

#### V. PERMIT REQUIRED CONFINED SPACE SYSTEM

- A. No WSU employee shall perform work in ~~permited~~ confined spaces without prior approval of the EHS.
- B. A written permit system has been established which provides for the proper preparation, issuance, and implementation of entry permits.
- C. A list of known ~~permited~~ confined spaces will be developed as spaces are identified
- D. No entry into a ~~permited~~ required confined space will be allowed without a permit. This permit is designed to assure that employees identify conditions that could endanger confined space entrants and attendants. Employees and supervisors are required to contact the EHS for permits when needed.
- E. All permits must be retained for at least one year after the entry permit has been canceled.

#### VI. RESPONSIBILITIES

- A. The Environmental Health and Safety Office (EHS) is responsible for:
  1. conducting initial air monitoring in the event of a confined space entry.
  2. conducting awareness level training for employees who may encounter a confined space during the performance of their daily duties,

3. conducting detailed training for authorized entrants into a permit required spaces,
  4. conducting detailed training for approved attendants in the proper operation of air testing equipment,
  5. assisting supervisors in identifying confined spaces on campus,
  6. providing, maintaining and calibrating the air testing equipment used during confined space entry, and
- B. Supervisors are responsible for:
1. identifying confined spaces on the campus and reporting those identified spaces to the EHS,
  2. ensuring that all employees required to perform any confined space entry procedure have received the appropriate level of training,
  3. obtaining and completing the appropriate required confined space entry permit,
  4. providing necessary personal protective equipment to employees,
  5. ensuring that all employees perform their assigned duties as outlined in this program, and
  6. taking appropriate disciplinary action whenever an employee under his or her direction fails to follow safety precautions outlined in this program.
- C. Authorizing Supervisors are responsible for:
1. evaluating the hazards which may be faced during required confined space entry;
  2. reviewing and approving the required confined space entry permit.



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- F. An attendant is required for each entry and shall be located outside the entry space at all times. The permit must remain in the possession of the attendant at all times while entry activities are underway.
- G. Atmospheric testing utilizing ~~direct~~ instruments must be performed by the EHS before entry into a ~~permitted~~ required confined space.
  - 1. Initial monitoring of the atmosphere inside the ~~permitted~~ required confined space shall be conducted from a safe distance outside the space by ~~EHS~~ employee ~~using~~sa



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atmospheric conditions at acceptable levels or appropriate personal protective equipment will be utilized. These procedures will be performed under the direction of the EHS.

- J. All energy sources and pipelines, which enter the workspace, will be locked out.

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5. enforce program compliance.
6. notify WSUEHS of any discovered or created confined spaces.

## XII. PROGRAM REVIEW

- A. The EHS Department shall review this ~~plan~~ annually to verify compliance with all current requirements.
- B. WSU Confined Spaces shall be reviewed and tested every 5 years to verify status as permit required or ~~no~~ permit required confined space.

**CONFINED SPACE ENTRY PERMIT**

A. Confined Space Location \_\_\_\_\_ Purpose of Entry \_\_\_\_\_

Dept. Entering \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Entry \_\_\_\_\_

Building & Description of Space \_\_\_\_\_ Exit \_\_\_\_\_

B. Potential Hazards (check all that apply)

C. Monitoring Record

\*Monitor top, middle, and bottom of space for each

Monitoring Equipment \_\_\_\_\_

Calibration Date \_\_\_\_\_

D. Safety Equipment Checklist



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### CONFINED SPACE ENTRY PERMIT AND CHECKLIST

#### Pre-Entry Checklist

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location and Description of Confined Space: \_\_\_\_\_

Purpose of Entry: \_\_\_\_\_

2021-0830TE

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ISOLATION CHECKLIST	Yes	No	N/A
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PERMIT REQUIRED CONFINED SPACE ENTRY PERMIT AND CHECKLIST

Entry Checklist

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location and Description of Confined Space: \_\_\_\_\_

Purpose of Entry: \_\_\_\_\_

Entrant(s): \_\_\_\_\_  
\_\_\_\_\_

Attendant(s): \_\_\_\_\_  
\_\_\_\_\_

Action	Check	Initial
Notify Environmental Health and Safety Office 3 days in advance of project		
Are all employees involved properly trained?		
Has area been ventilated for at least 10 minutes prior to entry		
Assign one person to carry monitoring device for oxygen, LEL and carbon monoxide		

Warning: There can be no hazardous atmospheres within the confined space whenever an employee is inside. If a hazardous atmosphere is detected while in the workspace, each employee must leave the confined space immediately.

Authorizing Supervisor Signature: \_\_\_\_\_

Completion of Project Date: \_\_\_\_\_ Time: \_\_\_\_\_

Supervisor Signature of Permit Cancellation: \_\_\_\_\_

PERMIT REQUIRED CONFINED SPACE PERMIT AND CHECKLIST

Attendant Checklist

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location and Description of Confined Space: \_\_\_\_\_

ENTRANT(S)	Time		Initials
	In	Out	

ATTENDANT AIR MONITORING	Oxygen	Flammable Gases (LEL)	Carbon Monoxide
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