

APPENDIX A.

Loyola University Confined Space Entry Permit

**LOYOLA UNIVERSITY
CONFINED SPACE ENTRY PERMIT**

DATE: _____ TIME: _____ SPACE/VESSEL I.D.: _____

PURPOSE OF ENTRY: _____

CONTENTS: _____

LOCATION: _____ QUALIFIED EMPLOYEE: _____

HAZARD IN THIS SPACE: _____ CHEMICAL: _____

CONFIGURATION: _____

ENGULFMENT/ENTRAPMENT: _____

ELECTRICAL: _____ OTHER: _____

DESCRIBE: _____

THIS VESSEL/SPACE HAS BEEN CHARACTERIZED AS:

- AUTHORIZED ATTENDANT-PERMIT REQUIRED CONFINED SPACE**
- CONTINUOUS VENTILATION-PERMIT REQUIRED CONFINED SPACE**
- NON-PERMIT REQUIRED CONFINED SPACE**

PERSONAL PROTECTIVE EQUIPMENT

_____ Outer Suit Type: _____

_____ Chemical Boots

_____ Outer Gloves Type: _____

_____ Hard Hat

_____ Eye Protection Type: _____

RESPIRATORS

_____ SCBA

_____ Airline with 5 minute
egress bottle

_____ Grade D Air Cylinders

_____ Compressor with
purification panel

_____ APR Cartridge type: _____

RESCUE/RETRIEVAL

_____ Tripod with winch

_____ Auxiliary Fall Block

_____ Rope grab / Life line

_____ Wristlets

_____ Waist Belt

_____ Full Body Harness

VENTILATION EQUIPMENT

_____ Saddle Vent

_____ Electrical Box Fan

_____ Venturi Blower

_____ Coppus Air Driven Fan

_____ Negative Air Machine

_____ Bonding Wires and Clips

SPECIAL INSTRUCTIONS: _____

WORKER DESIGNATION / RESPONSIBILITIES:

AREA/VESSEL SUPERVISOR: _____

CONTRACTOR SUPERVISOR: _____

AUTHORIZED ATTENDANT: _____

AUTHORIZED ENTRANTS

SIGNATURES

AUTHORIZED ON-SITE RESCUE TEAM:
(If applicable)
