SUBJECT: Confined Space Policy

POLICY: This policy delineates the procedure that will be followed on all projects dealing with confined space entry.

APPLICABILITY: This policy applies to all contractors working on University property under either a Blanket Order or a Purchase Order and to all Facilities Services Departments on all campuses.

PURPOSE: To provide for the proper information and operational steps to ensure compliance with applicable laws and to safeguard the health, safety, and welfare of employees working with confined space entry.

PROCEDURE:

Definition: The workplace must be evaluated by the Department of Safety & Risk Management to determine if any spaces are permit required confined spaces (see attached list). A confined space is a space whose size and shape allow a person to enter it, has limited openings for workers to enter and exit, and is not designed for continuous occupancy (i.e. reactor vessels, tanks, silos, boilers, sewers, pipelines). It may contain (or have a potential to contain) a hazardous atmosphere, contain a material that has the potential for engulfing an entrant, has an internal configuration such that the entrant could be trapped or asphyxiated by inwardly converging walls or by a downward-sloping floor which tapers to a smaller cross-section, and/or contains any other recognized serious safety or health hazard.

Equipment: It is the responsibility of Facilities Services ~ or, in the case of an outside contractor, the Contractor ~ to purchase and make available (at no charge to employee) at the site the appropriate personal protective equipment, such as: hard hats, face shields, encapsulated suits, respirators, extrication equipment; and including, if necessary, radio and/or video equipment. Facilities Services (or Contractor) shall ensure that equipment is properly maintained. Additionally, they shall ensure that employees use that equipment properly.

Hazard Control: The following necessary steps will be taken by the responsible department to ensure hazard control:

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<thead>
<tr>
<th>HAZARD CONTROL ACTION</th>
<th>RESPONSIBLE DEPT</th>
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<tbody>
<tr>
<td>a. Identify all permit spaces in the workplace</td>
<td>Safety &amp; Risk Mgmt.</td>
</tr>
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<td>b. Reduce employee risk around permit spaces with signs or training</td>
<td>Facilities Services</td>
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<tr>
<td>c. Prevent unauthorized employee entry in permit spaces</td>
<td>Facilities Services</td>
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<td>d. Develop and implement a written permit space program</td>
<td>Safety &amp; Risk Mgmt.</td>
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<tr>
<td>e. Document procedures establishing a non-permit space</td>
<td>Safety &amp; Risk Mgmt.</td>
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<td>f. Re-evaluate spaces when conditions change</td>
<td>Safety &amp; Risk Mgmt.</td>
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<td>g. Make special arrangements w/ contractors entering permit spaces</td>
<td>Facilities Services</td>
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<tr>
<td>h. Supply safety and personal protective equipment (see: &quot;Equipment&quot; section above)</td>
<td>Facilities Services</td>
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</table>
**Training:** It shall be the responsibility of Facilities Service (or Contractor) to ensure that those individuals going into confined spaces have been fully trained and certified. Training shall be provided so that all employees whose work is affected by this policy acquire the understanding, knowledge, and skills necessary for the safe performance of their duties.

**Confined Space Entry Permit:** For each entry, Facilities Services (or Contractor) will complete the Confined Space Entry Permits. Said permits shall include the following information: Specific permit space identification; purpose and date of entry; duration of authorization, authorized entries by name, names of authorized attendant and entry supervisor, actual hazards of the identified space, control and isolation methods to be used, acceptable entry conditions, results of initial and periodic atmospheric testing, rescue and emergency services to be summoned, communication procedures authorized between attendant and entrants, equipment to be provided, other information as necessary, other permits (such as hotwork, etc.). (Sample attached.)

**Notification:** In accordance with OSHA regulations (Standards 29CFR, 1910.46), Facilities Services (or the Contractor) shall inform exposed employees by posting danger signs or by any other equally effective means of the existence and location of and the danger posed by the permit spaces.

**Entrance Covers:** When entrance covers are removed: A railing, temporary cover, or other temporary barrier that will prevent an accidental fall through the opening and that will protect each employee working in the space from foreign objects entering the space shall promptly guard the opening.

**Other:**

a. It shall be the responsibility of Facilities Services (or Contractor) to insure proper preparation of the Permit Space and permit authorization as well as providing ground level staff (Entry Supervisor, Attendant, Entrant) and ensuring that all proper procedures are followed.

b. The Department of Safety & Risk Management, Industrial Hygiene & Fire Safety Unit, will assist Facilities Services (and as needed, the Contractor) with atmospheric testing and monitoring.

c. The atmosphere within the space shall be periodically tested as necessary to ensure that the continuous forced air ventilation is preventing the accumulation of a hazardous atmosphere. Any employee who enters the space, or that employee’s authorized representative, shall be provided with an opportunity to observe this periodic testing.

d. Facilities Services (or Contractor) shall verify that the space is safe for entry and that pre-entry measures have been taken. Verification shall be through a written certification that contains the date, the location of the space, and the signature of the person providing the certification. The certification shall be made before entry and shall be made available to each employee entering the space or to that employee’s authorized representative.
Other (Continued):

e. When there are changes in the use or configuration of a non-permit confined space that might increase the hazards to entrants, the Department of Safety & Risk Management shall reevaluate that space and, if necessary, reclassify it as a permit-required confined space.

f. If the permit space poses no actual or potential atmospheric hazards and if all hazards within the space are eliminated without entry into the space, the permit space may be reclassified as a non-permit confined space for as long as the non-atmospheric hazards remain eliminated.

g. If hazards arise within a permit space that has been declassified to a non-permit space, each employee in the space shall exit the space. The Department of Safety & Risk Management shall then reevaluate the space and determine whether it must be reclassified as a permit space.

h. All Emergency and Rescue Procedures are to be strictly followed by all personnel.

In the event that Facilities Services arranges to have employees of another employer (Contractor) perform work that involves permit space entry, Facilities Services must:

a. Inform the Contractor that the workplace contains permit spaces and that permit space entry is allowed only through compliance with a permit space program in accordance with this policy.

b. Apprise the Contractor of the elements, including the hazards identified and Facilities Services’ experience with the space, that make the space in question a permit space.

c. Apprise the Contractor of any precautions or procedures that Facilities Services has implemented for the protection of employees in or near permit spaces where Contractor personnel will be working.

d. Coordinate entry operations with the Contractor, when both Facilities Services personnel and Contractor personnel will be working in or near permit spaces.

e. Debrief the Contractor at the conclusion of the entry operations regarding the permit space program followed and regarding any hazards confronted or created in permit spaces during entry operations.
Each Contractor who is retained to perform permit space entry operations at the University of Rhode Island must:

a. Obtain any available information regarding permit space hazards and entry operations from Facilities Services and/or Safety & Risk Management personnel.

b. Inform Facilities Services of the permit space program that the Contractor will follow and of any hazards confronted or created in permit spaces, either through a debriefing or during the entry operation.
# Confined Space Entry Permit

**Date and Time Issued:** _______________ **Date and Time Expires:** ____________

**Job site/Space I.D.:** ________________ **Job Supervisor:** ________________

**Equipment to be worked on:** __________ **Work to be performed:** ____________

**Stand-by personnel:** ________________ ________________ ________________

1. Atmospheric Checks:
   - **Time:** __________
   - **Oxygen:** ________% L.F.L.
   - **Explosive:** ________% L.F.L.
   - **Toxic:** ________PPM

2. Tester's signature: ________________

3. Source isolation (No Entry):
   - N/A   Yes   No
   - Pumps or lines blinded, disconnected, or blocked ( ) ( ) ( )

4. Ventilation Modification:
   - N/A   Yes   No
   - Mechanical ( ) ( ) ( )
   - Natural Ventilation only ( ) ( ) ( )

5. Atmospheric check after isolation and Ventilation:
   - **Oxygen:** ________% > 19.5 %
   - **Explosive:** ________% L.F.L. < 10 %
   - **Toxic:** ________PPM < 10 PPM H(2)S
   - **Time:** __________
   - Testers signature: ________________

6. Communication procedures:
   - __________________________________________
   - __________________________________________
   - __________________________________________

7. Rescue procedures:
   - __________________________________________
   - __________________________________________
   - __________________________________________

8. Entry, standby, and back up persons:
   - **Yes**   **No**
   - Successfully completed required training? ( ) ( )
   - Is it current? ( ) ( )

9. Equipment:
   - **N/A**   **Yes**   **No**
   - Direct reading gas monitor tested ( ) ( ) ( )
   - Safety harnesses and lifelines for entry and standby persons ( ) ( ) ( )
   - Hoisting equipment ( ) ( ) ( )
   - Powered communications ( ) ( ) ( )
   - SCBA's for entry and standby persons ( ) ( ) ( )
   - Protective Clothing ( ) ( ) ( )
   - All electric equipment listed Class I, Division I, Group D, & Non-Sparking Tools ( ) ( ) ( )
10. Periodic atmospheric tests:

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</table>

We have reviewed the work authorized by this permit and the information contained here-in. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked in the "No" column. This permit is not valid unless all appropriate items are completed.

Permit Prepared By: (Supervisor)________________________________________
Approved By: (Unit Supervisor)________________________________________
Reviewed By (Cs Operations Personnel): .........................................................

(printed name) (signature)

This permit to be kept at job site. Return job site copy to the Department of Safety & Risk Management, 177 Plains Road, Kingston Campus, following job completion.

Copies: White Original (Dept. of Safety & Risk Management) Yellow (Unit Supervisor) Hard(Job site)
UNIVERSITY OF RHODE ISLAND
DEPARTMENT OF SAFETY & RISK MANAGEMENT

ENTRY PERMIT

PERMIT VALID FOR 8 HOURS ONLY. ALL COPIES OF PERMIT WILL REMAIN AT JOB SITE UNTIL JOB IS COMPLETED

DATE: _________  SITE LOCATION and DESCRIPTION _____________________

PURPOSE OF ENTRY ____________________________________________________________

SUPERVISOR(S) in charge of crews   Type of Crew Phone #
_____________________________________________________________________________
__________________________________
___________________________________________

COMMUNICATION PROCEDURES ____________________________________________________

RESCUE PROCEDURES (PHONE NUMBERS AT BOTTOM) _________________________________
________________________________________________________
____________

* BOLD DENOTES MINIMUM REQUIREMENTS TO BE COMPLETED AND REVIEWED PRIOR TO
ENTRY*

REQUIREMENTS COMPLETED DATE TIME

Lock Out/De-energize/Try-out ___ ___
Line(s) Broken-Capped-Blanked ___ ___
Purge-Flush and Vent ___ ___
Ventilation ___ ___
Secure Area (Post and Flag) ___ ___
Breathing Apparatus ___ ___
Resuscitator - Inhalator ___ ___
Standby Safety Personnel ___ ___
Full Body Harness w/"D" ring ___ ___
Emergency Escape Retrieval Equip ___ ___
Lifelines ___ ___
Fire Extinguishers ___ ___
Lighting (Explosive Proof) ___ ___
Protective Clothing ___ ___
Respirator(s) (Air Purifying) ___ ___
Burning and Welding Permit ___ ___

Note: Items that do not apply enter N/A in the blank.

**RECORD CONTINUOUS MONITORING RESULTS EVERY 2 HOURS

CONTINUOUS MONITORING** Permissible
TEST(S) TO BE TAKEN Entry Level
PERCENT OF OXYGEN 19.5% to 23.5% ___ ___ ___ ___ ___ ___ ___ ___
LOWER FLAMMABLE LIMIT Under 10% ___ ___ ___ ___ ___ ___ ___ ___
CARBON MONOXIDE +35 PPM ___ ___ ___ ___ ___ ___ ___ ___
Aromatic Hydrocarbon + 1 PPM * 5PPM ___ ___ ___ ___ ___ ___ ___ ___
Hydrogen Cyanide (Skin) * 4PPM ___ ___ ___ ___ ___ ___ ___ ___
Hydrogen Sulfide +10 PPM *15PPM ___ ___ ___ ___ ___ ___ ___ ___
Sulfur Dioxide + 2 PPM * 5PPM ___ ___ ___ ___ ___ ___ ___ ___
Ammonia *35PPM ___ ___ ___ ___ ___ ___ ___ ___

* Short-term exposure limit: Employee can work in the area up to 15 minutes.
+ 8 hr. Time Weighted Avg.: Employee can work in area 8 hrs (longer with appropriate respiratory protection).

REMARKS:

GAS TESTER NAME INSTRUMENT(S) MODEL SERIAL &/OR
& CHECK # USED &/OR TYPE UNIT #

_________________ _______________ ___________ ________
_________________ _______________ ___________ ________
SAFETY STANDBY PERSON IS REQUIRED FOR ALL CONFINED SPACE WORK

<table>
<thead>
<tr>
<th>SAFETY STANDBY PERSON(S)</th>
<th>CONFINED SPACE CHECK #</th>
<th>CONFINED SPACE ENTRANT(S)</th>
</tr>
</thead>
<tbody>
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</table>

SUPERVISOR AUTHORIZING - ALL CONDITIONS SATISFIED

DEPARTMENT/PHONE

AMBULANCE KINGSTON FIRE DEPT.

Safety & Risk Mgmt. 874-2618

Gas Coordinator
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the workplace contain Confined Spaces as defined by OSHA Standards</td>
<td>NO</td>
</tr>
<tr>
<td>29CFR, 1910.146?</td>
<td></td>
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</tbody>
</table>