**Commonwealth of Massachusetts**

**Department of Labor Standards**

**OSHA Consultation Program**

[**mass.gov/dols/consult**](http://www.mass.gov/dols/consult)

**Sample Written Permit Space Program for a
Permit-Required Confined Space in Construction**

(29 CFR 1926.1204)

(Revised March 2024)

**Policy**

 *(Insert Company Name)*  is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following written program is in place to first identify any Permit-Required Confined Spaces (Permit Space) in the construction industry and to eliminate or control hazards associated with Permit Space operations. This program is in accordance with the *Occupational Safety and Health Administration’s (OSHA) Permit-Required Confined Spaces Standard, Title 29, Code of Federal Regulations 1926.1201 to 1926.1212*.

This document is designed to fulfill the requirements for practices and procedures to protect employees engaged in construction activities at a work site with one or more confined spaces.

**Responsibilities**

**Overall Program Responsibility/Competent Person**

 *(Insert Competent Person)*  is the person who is capable of identifying existing and predictable hazards in the surroundings or working conditions that are unsanitary, hazardous, or dangerous to employees, and who has the authorization to take prompt corrective measures to eliminate them.

 *(Insert Competent Person)* is responsible for the overall implementation and maintenance of any written program or any certification concerning the requirements of the *Confined Space in Construction Standard* at a company job site.

 *(Insert Competent Person)*  will identify all confined spaces in which one or more of the employees may work and will identify each space that is a permit-required confined space, through consideration and evaluation of the elements of the space, including testing as necessary.

Once a permit space is identified,  *(Insert Competent Person)*  will inform exposed employees by posting a danger sign or by equally effective means.

Once  *(Insert Company Name)*  determines that its’ employees will enter a permit space, this written program will be made available prior to and during entry operations for inspection by employees and their representatives.

 *(Insert Company Name)*  will be responsible for determining if a *Permit Required Confined Space Program* is required, or if alternative procedures can be used, or if the permit space can be reclassified as a non-permit space.

***A confined space is a space which:***

* ***Is large enough and so configured that an employee can bodily enter it; and***
* ***Has limited or restricted means for entry or exit (for example, tanks, vessels, silos, storage bins, hoppers, vaults, manholes, sewers, and pits are spaces that may have limited means of entry.); and***
* ***Is not designed for continuous employee occupancy***

***A permit space is a confined space, which has one or more of the following characteristics:***

* ***Contains or has a potential to contain a hazardous atmosphere; or***
* ***Contains a material that has the potential for engulfing an entrant; or***
* ***Has an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section; or***
* ***Contains any other recognized serious safety or health hazard. (electrical, mechanical, etc.)***

**Alternative Procedures**

A permit-required confined space can be entered using alternative procedures.  *(Insert Company Name)* s’ employees will enter the permit required confined space if **alternative procedures** can be used to deem it a non-permit confined space, **if the following occurs**:

* *(Insert Company Name)*  can demonstrate that all physical hazards in the space have been eliminated or isolated through engineering controls and the only hazard posed by the permit space is the actual or potential hazardous atmosphere.
* *(Insert Company Name)*  can demonstrate that continuous forced air ventilation alone is sufficient to maintain the permit space safe for entry and that, in the event the ventilation system stops working, entrants can exit the space safely.
* *(Insert Company Name)*  can demonstrate monitoring and inspection data that supports that the ventilation system is working and sufficient to maintain the permit space safe for entry or continuously monitor the atmosphere within the space.
* If it is infeasible to not enter the space to eliminate or isolate the hazards, then a full *Permit-Required Confined Space Program* will be followed. If testing and inspection during the entry demonstrate that the hazards have been eliminated or isolated by the use of ventilation, the permit space will be entered using **alternative procedures** as a **non- space for as long as the hazards remain eliminated or isolated.**

**Reclassified Permit Space**

The OSHA regulations allow permit spaces, which have no actual or potential hazardous atmosphere, to be reclassified as a non-permit confined space when  *(Insert Competent Person) .* determines that **all** the applicable requirements below have been met:

* The permit space poses no actual or potential atmospheric hazards and all hazards within the space are eliminated or isolated without entry into the space
* The  *(Insert Company Name)*  has eliminated or isolated the hazards without entering the space

The basis for determining that all hazards in the space have been eliminated or isolated will be documented through a certification as follows:

* *(Insert Competent Person)* certifies that on  *(this date)* , the  *(identification of the permit-required confined space)* has had all its’ hazards eliminated or isolated. This certification will be made available to each employee entering the space or their authorized representative.

If hazards arise within this reclassified permit space, each employee in the space will exit and the permit space will be re-evaluated by  *(Insert Competent Person) .*

If it is infeasible to not enter the space to eliminate or isolate the hazards, then a full *Permit-Required Confined Space Program* will be followed. If testing and inspection during entry demonstrate that the hazards have been eliminated or isolated, then the permit-required confined space will be reclassified as a non-permit confined space for as long as the hazards remain eliminated or isolated.

***Permit-Required Confined Space Entry Communication* and Coordination**

**Host Employer’s Responsibilities With Controlling Contractor**

When *(Name of Contracting Company)* is hired to perform work in a permit-required confined space,  *(Name of Contractor Representative)* will obtain the following information from the **controlling** **contractor** and **host employer** before any operations begin:

* The location of each known permit-required confined space
* The hazards or potential hazards in each space or the reason it is a permit-required confined space
* Any precautions that the host employer or any previous controlling company implemented for the protection of the employees in the permit-required confined space
* Any additional information

Before entry operations begin, the controlling contractor must:

* Obtain the host employer’s information about the permit-required confined space hazards and previous entry operations, and
* Provide information to each entity entering a permit space and any other entity at the worksite whose activities could foreseeably result in a hazard related to the permit-required confined space

Before entry operations begin,  *(The Company Name)*  must:

* Obtain all the controlling contractor’s information regarding the permit-required confined space hazards and entry operations
* *(The Company Name)* inform the controlling contractor of the *Permit-Required Confined Space Program* that it will follow

The Controlling Contractor and  *(The Company Name)* will coordinate entry operations when:

* More than one entity performs permit-required confined space entry at the same time
* Any foreseeable hazards that could occur, in the permit-required confined space, due to entry activities

After entry operations:

* The Controlling contractor must debrief each entity that entered a permit-required confined space and any hazards confronted or created in the permit-required confined space during entry operations
* *(Company Name)* must inform the controlling contractor in a timely manner of the *Permit-Required Confined Space Program* followed and any hazards confronted or created
* The Controlling contractor must apprise the host employer of the information exchanged with the entry entities

***Permit-Required Confined Space Program* (Permit Space)**

 *(Insert Competent Person)* will develop and implement the means, procedures, and practices necessary for safe permit space entry operations, including but not limited to the following:

* Specifying acceptable entry conditions
* Provide each authorized entrant or representative, the opportunity to observe any monitoring or testing of the permit space
* Isolate the permit space and physical hazards within the space
* Purging, inerting, flushing, or ventilating the permit space as necessary to eliminate or control atmospheric hazards
* If the ventilation system stops working, monitoring procedures will detect an increase in atmospheric hazard levels in sufficient time for the entrants to safely exit the permit space
* Provide pedestrian, vehicle, or other barriers as necessary to protect entrants from external hazards
* Verify that conditions in the permit space are acceptable for entry throughout the duration of an authorized entry
* Eliminate any conditions that could make it unsafe to remove an entrance cover

**Needed Equipment for Permit Space Program**

 *(The Company Name)* will provide all needed equipment at no cost to the employee. The equipment includes:

* Testing and monitoring equipment
* Ventilation equipment
* Communications equipment for attendants assessing entrants’ status
* Personal Protective Equipment (PPE)
* Lighting equipment that meets the minimum illumination requirements in 1926.56 that is approved for the ignitable or combustible properties of specific gases, vapors, dust, or fibers present in the space
* Barriers and shields
* Ladders needed for safe ingress and egress by authorized entrants
* Rescue and emergency equipment unless provided by the rescue services
* Any other equipment deemed necessary for safe entry and exit from the permit space.

**Evaluating Permit Space**

Before entry is authorized to begin, the Permit-Required Confined Space must be evaluated by:

* Test conditions in the permit space to determine if acceptable entry conditions exist before changes to the space’s natural ventilation are made
* Continuously monitor for atmospheric hazards
* Testing for atmospheric hazards, first for oxygen, then for combustibles gases and vapors, and then for toxic gases and vapors, such as carbon monoxide
* Providing each authorized entrant an opportunity to observe the pre-entry and any subsequent testing of the permit space
* Reevaluating the permit space in the presence of any authorized entrant or representative who requests that the monitoring be repeated because there is some indication that the evaluation of that space may not have been adequate
* Providing each authorized entrant or representative with the results of any testing conducted
* Review the *Permit-Required Confined Space Program* yearly, using canceled permits retained under *1926.1405*, within one year after each entry and revise the program as necessary

Entry into any permit-required confined space where a full program is mandated will require a specially trained and equipped team. Each team will consist of an:

* Authorized Entrant
* Attendant
* Entry Supervisor
* Rescue Personnel

The employees will be identified by their title and role in the team. Their duties and training will be determined and given. Each member of the team will receive initial and annual refresher training. The training will be specific for the duties of each team member and include the procedures and practices necessary to protect them from the dangers of the permit space.

 *(Insert Company Name)* will develop and implement procedures for summoning rescue and emergency services for rescuing entrants from permit spaces.  *(Insert Company Name)* will develop and implement a system for the preparation, issuance, use, and cancellation of entry permits under both planned and in emergency conditions.

 *(Insert Company Name)* will develop and implement procedures to coordinate entry operations, in consultation with the controlling contractor, when employees of more than one employer are working simultaneously in a permit space.

 *(Insert Company Name)* will review and revise the *Permit-Required Confined Space Program* and measures taken, accordingly.

**Permitting Process**

 *(Insert Company Name)* will document the completion of measures required by the *Permit-Required Confined Spaces in Construction Standard (1926.1204)* by preparing an entry permit. *(Insert Company Name)* will ensure that all entry employees document the completion of the means, procedures, and practices necessary for safe permit space entry operations. The entry supervisor will sign the entry permit to authorize entry. The completed permit will be made available to all authorized entrants at the time of the entry.  *(Insert Company name)* will retain each canceled entry permit for one year to facilitate review of the permit-required confined space program.

**Entry Permit**

The entry permit will authorize entry into the permit space and will identify and include:

* Permit Space to be entered
* Purpose of the entry
* Date and authorized duration of the entry permit
* Authorized entrants within the permit space by name to determine quickly who is inside the permit space and their role in the process
* Hazards of the permit-required confined space to be entered
* Measures used to isolate the permit space and to eliminate or control permit space hazards before entry
* Acceptable entry conditions
* The results of tests and monitoring with names of the testers
* Rescue and emergency services
* Communication procedures used between authorized entrants and attendants to maintain contact during entry
* Equipment used such as PPE, testing equipment, communications equipment, alarm systems, and rescue equipment
* Means of detecting an increase in atmospheric hazard levels in the event of a ventilation failure
* Any other information needed

**Training**

 *(Insert Company Name)*  is responsible for ensuring that all affected personnel are properly trained, and that refresher training is given. Personnel who may be included are any authorized entrants, attendants, entry supervisors, on-site rescue team members, and employees who may potentially enter the space.

 *(Company Name)*  will provide training to each employee to ensure that they possess the understanding, knowledge, and skills necessary for the safe performance of the assigned duties. This training must result in an understanding of the hazards in the permit-required confined space and the methods used to isolate, control or in other ways protect employees from those hazards.

 *(Company Name)*  will provide training in both a language and vocabulary that the employees can understand, before their first assigned duties. Training will be conducted whenever there is a change in permit space entry operations that presents a hazard about which an employee has not previously been trained or if there are any inadequacies in the employee’s knowledge.

The employer must maintain training records to show that the training has been conducted. The documentation will be made available for inspection by employees and their authorized representatives for the period of time the employee is employed by that employer.

The training program will include the duties of each team member as listed below:

**Authorized Entrants**

* + Must know the hazards associated with the permit-required confined space and their effects.
	+ Properly use the equipment required for entry.
	+ Maintain a continuous means of communication with the attendant.
	+ Alert the attendant in the event of an emergency.
	+ Evacuate the space if an emergency occurs.

**Attendants**

* + - Must know the hazards associated with the permit-required confined space and their effects.
		- Maintain an accurate account of the authorized entrants.
		- Remain at their assigned station until relieved by another attendant or until the permit-required confined space entry is complete and perform no duties that might interfere with primary duties
		- Communicate with the attendant as necessary
		- Monitor conditions in and around the permit-required confined space.
		- Summon rescue and applicable medical services in the event of an emergency.
		- Perform non-entry rescue procedures
		- Perform appropriate measures to prevent unauthorized personnel from entering the permit-required confined space

**Entry Supervisors**

* Must know the hazards associated with the permit-required confined space and their effects.
* Verify that the safeguards required by the permit have been implemented.
* Verify that all tests specified by the permit have been conducted and that all procedures and equipment are in place prior to entry
* Verify that rescue services are available and that means for summoning them are operable.
* Cancel the written permit and terminate the permit-required confined space entry when required
* Remove personnel who are not authorized to enter the permit-required confined space during entry operations
* Periodically, determine that the entry operation is being performed in a manner consistent with the requirements of the permit-required confined space entry procedures and that acceptable entry conditions are maintained

The following is a list of employees who have been equipped and trained to serve as **authorized entrants** at our facility:

**Authorized Entrants Trainer Date of Training**

The following is a list of employees who have been equipped and trained to serve as **attendants**:

**Attendant Trainer Date of Training**

 The following is a list of employees who have been trained to serve as **entry supervisors**:

**Entry Supervisor Trainer Date of Training**

**Rescue And Emergency Services**

 *(Insert Company Name)*  will ensure that rescue and emergency services have been informed of any permit-required confined spaces at  *(Company Name)*  and have been given access to the spaces for drills, training, etc.

 *(Insert Company Name)*  will evaluate a prospective rescuer’s ability to respond to a rescue in a timely manner, considering the hazards found.  *(Insert Company Name)*  will evaluate a prospective rescue service’s ability to perform rescue related tasks and have appropriate equipment.

 *(Insert Company Name)*  will select a rescue team that has the capability to reach the victim(s) within a timely manner and is equipped for and trained in the appropriate rescue services.  *(Insert Company Name)*  will inform each rescue team of the hazards they may encounter and provide the team with access to all involved permit spaces.

If  *(Insert Company Name)*  designates its’ employees to provide permit-required confined space rescue and/or emergency services, it must complete the following measures:

* Provide all equipment and training at no cost to those employees
* Provide all affected employees with PPE needed to conduct the rescue
* Train each affected employee to perform assigned rescue duties
* Train each affected employee in basic first aid and cardiopulmonary resuscitation (CPR)
* Ensure that affect employees practice making permit-required confined space rescues before attempting an actual rescue

Non-entry rescue is required unless the retrieval equipment increases the overall risk of entry or would not contribute to the rescue of the entrant.

If an injured entrant is exposed to a hazardous substance, the related safety data sheet must be made available to the medical facility treating the exposed entrant.

Name of Rescue Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximate Response Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Emergency Medical Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximate Response Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Participation**

 *(Insert Company Name)*  must consult with affected employees and their authorized representatives on the development and implementation of all aspects of the permit-required confined space program.