

Confined Space Entry Program

**SOUTH PEKIN GRADE SCHOOL
ENVIRONMENTAL HEALTH & SAFETY
CONFINED SPACE ENTRY PERMIT**

Permit Number _____ Date _____

Location & Description of Confined Space:

Purpose of Entry:

Scheduled Start _____ a.m. / _____ p.m. <small>Day / Date / Time</small>	Scheduled Finish _____ a.m. / _____ p.m. <small>Day / Date / Time</small>
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è Employee(s) in charge of entry: _____

Entrants:

Attendants:

è Pre-Entry Authorization: _____

{Check those items below which are applicable to your confined space permit.}

TYPES OF HAZARDS

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Oxygen-Deficient Atmosphere
<input type="checkbox"/> Oxygen-Enriched Atmosphere
<input type="checkbox"/> Welding/Cutting | <input type="checkbox"/> Engulfment
<input type="checkbox"/> Toxic Atmosphere
<input type="checkbox"/> Flammable Atmosphere | <input type="checkbox"/> Energized Electrical Equipment
<input type="checkbox"/> Entrapment
<input type="checkbox"/> Hazardous Chemical |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|

SAFETY PRECAUTIONS

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Self-Contained Breathing Apparatus
<input type="checkbox"/> Air-Line Respirator
<input type="checkbox"/> Fire-Retardant Clothing
<input type="checkbox"/> Ventilation
<input type="checkbox"/> Remarks | <input type="checkbox"/> Protective Gloves
<input type="checkbox"/> Lifelines
<input type="checkbox"/> Respirators
<input type="checkbox"/> Lockout/Tagout
<input type="checkbox"/> Fire Extinguishers | <input type="checkbox"/> Barricade Job Area
<input type="checkbox"/> Signs Posted
<input type="checkbox"/> Clearances Secured
<input type="checkbox"/> Lighting
<input type="checkbox"/> Ground Fault Interrupter |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

ENVIRONMENTAL CONDITIONS

<u>TESTS TO BE TAKEN</u>	<u>RE-TESTING</u>
<u>DATE / TIME</u>	<u>DATE / TIME</u>
Oxygen: _____ % _____ a/p	Oxygen: _____ % _____ a/p
Lower Explosive Limit: _____ % _____ a/p	Lower Explosive Limit: _____ % _____ a/p
Toxic Atmosphere: _____	Toxic Atmosphere: _____
Instruments Used: _____	Instruments Used: _____

è Employee Conducting Safety Checks @ SIGNATURE: _____

Remarks on the overall condition of the confined space:

<p style="text-align: center;">ENTRY AUTHORIZATION</p> <p>All actions and/or conditions for safe entry have been performed.</p> Person in Charge of Entry _____ <small>PLEASE PRINT</small>	<p style="text-align: center;">ENTRY CANCELLATION</p> <p>Entry has been completed and all entrants have exited permit space.</p> Person in Charge of Entry _____ <small>PLEASE PRINT</small>
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IN CASE OF EMERGENCY CALL 911
{CFR 1910.146 (f)(11)}

APPENDIX B

Pre-Entry Planning Worksheet

Confined Space Entry Planning Worksheet

What is the type of the confined space? _____

Where is the confined space located? _____

Reason for entering the confined space: _____

Contents of the confined space: _____

List oxygen level _____

Describe the procedures used to test oxygen and the testing equipment used: _____

List flammable gas level _____

Describe the procedures used to test flammable gas level and the testing equipment used: _____

List toxic gas levels _____

Describe the procedures used to test toxic gas levels and the testing equipment used: _____

List all mechanical and physical hazards: _____

Describe the procedures for isolating all mechanical and physical hazards: _____

What type of ventilation will be used? Mechanical Natural

Describe procedures: _____

Will the confined space be purged? _____

If yes, list the procedures: _____

Will confined space be cleaned? _____

If yes, list procedures: _____

List all chemicals that will be used: _____

Will warning signs or barriers be needed? _____

If yes, describe what type and where they must be placed: _____

List the names and job assignments for every individual who will be involved in the entry.

Name	Job Assignment
_____	_____
_____	_____
_____	_____
_____	_____

List all equipment that will be needed.

Type of Equipment	Quantity
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SOUTH PEKIN GRADE SCHOOL DISTRICT 137
MEDICAL EMERGENCY PLAN FOR INDOOR PHYSICAL FITNESS FACILITIES
June 15, 2005

Goals of the Plan

1. This plan seeks to provide emergency care for individuals who are injured or who have a medical emergency while in the school gymnasium.
2. This plan seeks to meet the requirements of the Physical Fitness Medical Emergency Preparedness Act enacted on January 1, 2005.

Components of the Plan

1. The school district will maintain an automated external defibrillator (AED) in the school gymnasium at all times.
2. School personnel responsible for the supervision of students and adults within the school gymnasium will be trained in the use of First Aid, CPR, and the AED.
3. Minor medical injuries not requiring the immediate attention of medical professionals will be handled in the following way:
 - a. The building supervisor on-site will be notified of the injury.
 - b. School personnel trained in the use of First Aid will examine the individual injured. Any need for First Aid treatment will be carried-out by this individual.
 - c. The parents of an injured student will be notified as soon as possible.
 - d. An accident report will be completed by school personnel within 24 hours of the injury.
4. Major medical injuries requiring the immediate attention of medical professionals shall be handled in the following way:
 - a. 9-1-1 will be called immediately by school personnel on-site.
 - b. The building supervisor on-site will be notified of the situation
 - c. If needed, emergency life-saving measures will be taken. These measures may include the use of CPR and/or the AED.
 - d. Once medical professionals arrive on-site update them with critical information concerning the situation.
 - e. If the injured individual is a student, school personnel will contact his/her parent or guardian as soon as possible.

Evaluation of the Plan

Once the Department of Public Health finalizes rules as part of the Illinois Administrative Code, the superintendent shall make changes to the plan if needed. This plan will be reviewed annually by the School Safety Committee (SSP), as part of the overall Crisis Management Plan maintained by the school district. Any changes recommended by the SSP will be implemented the following school year.