UofM Office of Facilities Development
3750 Desoto Avenue, #327
Memphis, TN 38152
901-678-2800

CONFINED SPACES PERMIT for _____

A Confined Space Permit is required for any operation involving entering a space that has limited or restricted means of entry or exit, is not designed for continuous occupancy, and/or contains one or more of the following: Ability to engulf or asphyxiate the entrant, potentially hazardous atmosphere, or has other recognized serious safety or health hazards.

This permit is to be filled out in its entirety by the responsible party, supervising the work, and provided to the UofM Office of Facilities Development for approval, prior to entering the Confined Space.

Location/Floor/ Room # _____

Company Doing Confined Work: _____

Confined Work Supervisor & Pho #: _____

Work Description: _____

Date of Work: _____ Start Time: _____ Finish Time _____

Responsible Party to Circle "yes" or "no" for each item below:

1.	Have hazardous sources been isolated? Pumps/ lines blinded, disconnected, or blocked?	Yes	No	NA
2.	Ventilation modifications: Mechanical?	Yes	No	NA
	Natural Ventilation Only?	Yes	No	NA
3.	Direct reading gas monitor available and tested?	Yes	No	NA
4.	Safety harnesses and lifelines for entry being used and tested?	Yes	No	NA
5.	List of entry and standby persons provided to OFD?	Yes	No	NA
6.	Hoisting equipment available and tested?	Yes	No	NA
7.	Powered communications available and tested?	Yes	No	NA
8.	SCBA's for entry and standby persons available and tested?	Yes	No	NA
9.	Protective clothing & all required PPE available & tested for entry & standby persons?	Yes	No	NA
10.	Electric equipment listed as Class I, Division I Group D, and Non-sparking tools?	Yes	No	NA
11.	Confined Spaces Permit will be posted at work site.	Yes	No	NA
12.	Atmospheric monitoring to be documented below upon entry & ea. 30 min. thereafter?	Yes	No	NA

Time	O2 > 19.5%	LEL < 10%	H2S < 10 ppm	CO < 35 ppm

I attest that the above precautions have and will be taken _____
(Confined Spaces Work Supervisor Signature)

Approved _____ Permit Approval Date: _____
(Director of OFD)

COMMENTS:_____ Date Closed: _____

Note: Permit must be posted at the site during the work and returned to OFD after completion of work.