



Confined Spaces PERMIT

For additional assistance or to submit completed form, please contact:
Occupational Safety Coordinator
Environmental Health & Safety, 414 J.M. Smith Hall
PH: 678-2740 FAX: 678-4673

This 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,
 - A potentially hazardous atmosphere, or
 - Other recognized serious safety or health hazards.

This permit should be completed before entering the Confined Space, maintained at the worksite for the entirety of the Confined Space work, and returned to the Environmental Health and Safety office following job completion.

Building/Location: _____ Job Site I.D.: _____

Permit Issue Date: _____ Time: _____ A.M. P.M.

Permit Expiration Date: _____ Time: _____ A.M. P.M.

Requesting Person: _____ Phone number: _____

Supervisor: _____ Phone number: _____

Rescue Contact: _____ Phone number: _____

Entry Personnel: 1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

Stand-by Personnel: 1. _____ 2. _____ 3. _____

Has each of the listed persons (requestor, supervisor, and all entry and stand-by personnel) completed the required training within the last year? Yes No*

*NOTE: If any person listed has not completed the required training within the last year, please contact EH&S before proceeding.

Equipment to be Worked On: _____

Description of Work to be Performed:

List Communication Procedures:

List Rescue Procedures:

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Initial Checks	Atmospheric Checks	AFTER Isolation and Ventilation
_____ AM PM _____ % _____ % L.E.L. _____ PPM _____ PPM	Time Oxygen (O ₂) Explosive Toxic (H ₂ S) Carbon Monoxide (CO) Designated Tester's Signature	_____ AM PM _____ % _____ % L.E.L. _____ PPM
STOP! Answer the following: Yes No	Is O ₂ GREATER than 19.5%? Is L.E.L. LESS than 10%? Is H ₂ S LESS than 10 ppm? Is CO LESS than 35 ppm?	STOP! Answer the following: Yes No

Preparation

- | | | | |
|--|-----|----|-----|
| 1. Has the source been isolated? Pumps or lines have been blinded, disconnected, or blocked. | Yes | No | N/A |
| 2. Ventilation modifications: | | | |
| a. Mechanical | Yes | No | N/A |
| b. Natural ventilation only | Yes | No | N/A |

Equipment

- | | | | |
|--|-----|----|-----|
| 3. Direct reading gas monitor available and tested. | Yes | No | N/A |
| 4. Safety harnesses and lifelines for entry and standby persons are available and have been tested. | Yes | No | N/A |
| 5. Hoisting equipment is available and has been tested. | Yes | No | N/A |
| 6. Powered communications are available and have been tested. | Yes | No | N/A |
| 7. SCBA's for entry and standby persons are available and have been tested. | Yes | No | N/A |
| 8. Protective clothing and other necessary PPE is available and has been tested for entry and standby persons. | Yes | No | N/A |
| 9. All electric equipment is listed as Class I, Division I, Group D, and Non-sparking tools. | Yes | No | N/A |

We have reviewed the work authorized by this permit and the information contained herein. Written instructions and safety procedures have been received and are understood. This permit is not valid unless all appropriate items are complete.

 PRINT Prepared by (Supervisor)

 Signature

 Date

 PRINT Approved by (Unit Supervisor)

 Signature

 Date

 PRINT Reviewed by (CS Operations Personnel)

 Signature

 Date

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