

Confined Space Entry Permit

PERMIT VALID FOR 8 HOURS MAXIMUM. ALL PERMIT COPIES REMAIN AT SITE UNTIL JOB COMPLETED. UCF Department: _____

DATE _____ SITE LOCATION/ DESCRIPTION _____

PURPOSE OF ENTRY _____

SUPERVISOR in charge	Attendant(s)	Entrant(s)
_____	_____	_____
_____	_____	_____

ESTIMATED DURATION OF THE JOB _____

REQUIREMENTS COMPLETED	Yes	No	N/A	COMMENTS
Informed EHS about a Confined Space Entry				
Communication Procedures				
Methods to Prevent Unauthorized Entry				
Lock Out/De-energize/Test				
Purge-Flush and Vent				
Constant Ventilation				
Full Body Harness w/ "D" ring				
Emergency Retrieval Equipment for Non-Entry Rescue				
Fire Extinguishers				
Lighting (Explosive Proof)				
Respirator(s) (Air Purifying)				
Hot-Work Permit				
PPE needed				
Other Safety Requirements				

Gas Monitor used (type, brand, and model) *RECORD MONITORING RESULTS EVERY 15 minutes unless conducting continuous monitoring*

Type: _____ Brand: _____ Model: _____

PERMISSIBLE ENTRY LEVEL	Readings
PERCENT OF OXYGEN	19.5% TO 23.5%
LOWER FLAMABLE LIMIT	Under 10%
CARBON MONOXIDE	Under 35 PPM
HYDROGEN SULFIDE	Under 10 PPM

Comments: _____

Type of Rescue: Self-Rescue _____ Non-Entry Rescue _____ Entry Rescue _____

SAFETY STANDBY PERSONNEL AND EQUIPMENT NEEDED FOR ENTRY RESCUE

Personnel:	Equipment:

SUPERVISOR SIGNATURE INDICATE AUTHORIZATION - CONDITIONSSATISFIED: _____

TIME PERMIT OPENED _____ TIME PERMIT CLOSED _____

Supervisor's Phone (_____) _____