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| **THIS PERMIT MUST BE POSTED ON JOBSITE – GOOD ONLY ON INDICATED DATE** |

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| UVA CONFINED SPACE ENTRY PERMIT (Attachment C) |
| **Space to be entered** | **Purpose of Entry** |
| **Location/Building** | **Authorized Duration of Permit****From**: **To**: |
| **PERMIT SPACE HAZARDS** | **EQUIPMENT REQUIRED FOR ENTRY AND WORK** Specify as required:  |
| [ ]  Oxygen Deficiency | (less than 19.5%) |  |
| [ ]  Oxygen Enrichment | (greater than 23.5%) | Personal Protective Equipment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Flammable gases or vapors | (must be less than 10% of LFL) |  |
| [ ]  Airborne combustible dust | (meets or exceeds LFL) | Respiratory Protection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Toxic gases or vapors | (greater than PEL) |  |
| [ ]  Mechanical hazards |  | Atmospheric Testing/Monitoring: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Electric shock |  |  |
| [ ]  Materials harmful to skin |  | Communication: [ ]  Visual [ ]  Voice [ ]  Radio/Cell |
| [ ]  Engulfment |  | Tripod Retrieval System: [ ]  Yes [ ]  No |
| [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PREPARATION FOR ENTRY** | **AUTHORIZED ATTENDANTS**List by name or attach roster:  |
|  [ ]  Notification of affected departments of service interruption **Isolation Methods:** |
|  [ ]  **Ventilate:** Continuous forced air ventilation must be utilized in instances where there is the likelihood of atmospheric hazards. **Complete back of form.** |  |
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|  [ ]  Atmospheric Test | [ ]  Inert | [ ]  Purge/clean |  |
|  [ ]  Blank/Blind | [ ]  LOTO | [ ]  Barriers | **Personal Awareness:**  |
| **Additional Permits required and/or attached:** | [ ]  Pre-entry briefing on specific hazards and control methods |
|  [ ]  Hotwork [ ]  Line Breaking [ ]  Other: | [ ]  Notify contractors of permit and hazard conditions |
|  | [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Test For: | Acceptable Values | Pre-Entry\*Time/Results | BreakTime/Results | BreakTime/Results | BreakTime/Results |
| Oxygen | 19.5% min – 23% max |  |  |  |  |
| Flammability | Less than 10% |  |  |  |  |
| Hydrogen Sulfide (H2S) | Less than 10 ppm |  |  |  |  |
| Carbon Monoxide (CO) | Less than 35 ppm |  |  |  |  |
| Other |  |  |  |  |  |
| Sampling Equipment And Date Last Calibrated: | \*Pre-Entry Measurements performed by Entry Supervisor |
| **Note: Determination of unacceptable conditions requires notification of the University Office of Environmental Health & Safety (982-4911) for additional guidance.** |
| **Authorized Entrants** (List by name or attach roster) 1 | Time In | Time Out | Time In | Time Out |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
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| **\*\*\* THIS IS A TWO PAGE FORM - PLEASE BE SURE TO FILL OUT BOTH PAGES \*\*\*** |
| **AUTHORIZATION BY ENTRY SUPERVISOR***I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in this confined space.***SIGNATURE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PRINT NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **FOR EMERGENCY RESCUE CALL CHARLOTTESVILLE FIRE DEPARTMENT 911** |

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**UVA Confined Space Entry Permit (Attachment C) continued**

Continuous forced air ventilation must be utilized in instances where there is the likelihood of atmospheric hazards such as gas/diesel equipment that concentrate harmful fumes, limited immediate egress when traversing horizontal pipe runs, or you are introducing an atmospheric hazard by using cleaners, sealers, or welding.

You must review all significant chemical processes with the University Industrial Hygienist prior to the start of work inside of the confined space. Significant chemical processes would include but are not limited to:

* Large volume of chemical product will be used or extended periods of welding will occur.
* A lot of surface area will be covered with the chemical product.
* The chemical product Health Hazard rating on the MSDS is 2 or higher and/or the chemical product Fire Hazard rating is greater than 0.

**1.** **What work are you doing in this space**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2.** **What are you using in this space? (For example: cleaners, sealers, welding, etc**.) The MSDS needs to be available.

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**3. What is the approximate quantity of material you will use for the job?** (Number of aerosol can(s), pint(s), gallon(s), etc.). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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