

UVA Confined Space Entry Permit

Complete before entry and post on site.



Facilities Management

Space to be entered Date:		Work to be performed			
Location/Building		Authorized duration of permit From: _____ To: _____			
PERMIT SPACE HAZARDS (check all that apply) <input type="checkbox"/> Oxygen deficiency <input type="checkbox"/> Oxygen Enrichment <input type="checkbox"/> Flammable gases or vapors <input type="checkbox"/> Airborne combustible dust <input type="checkbox"/> Toxic gases or vapors <input type="checkbox"/> Mechanical hazards <input type="checkbox"/> Electric shock <input type="checkbox"/> Materials harmful to skin <input type="checkbox"/> Engulfment <input type="checkbox"/> Other: _____		EQUIPMENT AND PPE REQUIRED FOR ENTRY Mechanical ventilation <input type="checkbox"/> yes <input type="checkbox"/> no Powered communication <input type="checkbox"/> yes <input type="checkbox"/> no Gloves <input type="checkbox"/> yes <input type="checkbox"/> no Protective eyewear <input type="checkbox"/> yes <input type="checkbox"/> no Protective clothing <input type="checkbox"/> yes <input type="checkbox"/> no Respirator (air purifying) <input type="checkbox"/> yes <input type="checkbox"/> no Tripod retrieval system <input type="checkbox"/> yes <input type="checkbox"/> no Other: _____ <input type="checkbox"/> All electric equipment listed Class I, Div I, Group D			
ADDITIONAL PERMITS REQUIRED <input type="checkbox"/> LINEBREAKING <input type="checkbox"/> HOTWORK <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> Lock Out/Tag Out		PERSONAL AWARENESS <input type="checkbox"/> Pre-entry briefing on specific hazards/controls <input type="checkbox"/> All personnel completed task specific training			
ATMOSPHERIC TESTING RESULTS <i>Record continuous monitoring results at least every 2 hours (record additional test data on back of form)</i>					
	Acceptable Values	Pre-entry* Time: Results	Break Time: Results	Break Time: Results	Break Time: Results
Oxygen %O ₂	19.5% min - 23.0%				
Flammability % LFL	< 10%				
Hydrogen Sulfide H ₂ S	< 10 ppm				
Carbon Monoxide CO	< 35 ppm				
Gas Monitor Make/Model:			*pre-entry measurements recorded by Entry Supervisor		
Determination of unacceptable conditions requires notification of FM Safety and/or EHS H					
Authorized Attendants (list by name):					
Authorized Entrants (list by name):					
			<i>Time in</i>		<i>Time out</i>
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. <i>This permit is not valid until all appropriate items are completed and it is signed.</i>					
SIGNATURE:			PRINT NAME:		

FOR EMERGENCY RESCUE CALL CHARLOTTESVILLE FIRE DEPARTMENT 911

Email or call FM-OHS if there are any questions related to the confined space or this form.