UVA Confined Space Entry Permit

<table>
<thead>
<tr>
<th>Space to be entered</th>
<th>Work to be performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location/Building</td>
<td>Authorized duration of permit</td>
</tr>
<tr>
<td></td>
<td>From: To:</td>
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</tbody>
</table>

**PERMIT SPACE HAZARDS** (check all that apply)
- Oxygen deficiency
- Flammable gases or vapors
- Airborne combustible dust
- Toxic gases or vapors
- Mechanical hazards
- Materials harmful to skin
- Other: __________________

**EQUIPMENT AND PPE REQUIRED FOR ENTRY**
- Mechanical ventilation
- Powered communication
- Gloves
- Protective eyewear
- Protective clothing
- Respirator (air purifying)
- Tripod retrieval system
- Other: __________________

**ADDITIONAL PERMITS REQUIRED**
- LINEBREAKING
- HOTWORK
- OTHER: ________________
- Lock Out/Tag Out

**ATMOSPHERIC TESTING RESULTS**
Record continuous monitoring results at least every 2 hours (record additional test data on back of form)

<table>
<thead>
<tr>
<th></th>
<th>Acceptable Values</th>
<th>Pre-entry* Time:</th>
<th>Break Time:</th>
<th>Break Time:</th>
<th>Break Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxygen %O2</td>
<td>19.5% min - 23.0%</td>
<td>Results</td>
<td>Results</td>
<td>Results</td>
<td>Results</td>
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<tr>
<td>Flammability % LFL</td>
<td>&lt; 10%</td>
<td></td>
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<tr>
<td>Hydrogen Sulfide H2S</td>
<td>&lt; 10 ppm</td>
<td></td>
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<tr>
<td>Carbon Monoxide CO</td>
<td>&lt; 35 ppm</td>
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</table>

Gas Monitor Make/Model: ________________
*pre-entry measurements recorded by Entry Supervisor

**Determination of unacceptable conditions requires notification of FM Safety and/or EHS**

Authorized Attendants (list by name):

Authorized Entrants (list by name):

Time in | Time | Time in | Time | Time in | Time out

**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. This permit is not valid until all appropriate items are completed and it is signed.

SIGNATURE: ___________________ PRINT NAME: ___________________

FOR EMERGENCY RESCUE CALL CHARLOTTESVILLE FIRE DEPARTMENT 911

FMOHS 9/16/2016