

# UVA Confined Space Entry Permit

<b>Space to be entered</b> <b>Date:</b> _____	<b>Work to be performed</b> _____				
<b>Location/Building</b> _____	<b>Authorized duration of permit</b> From: _____ To: _____				
<b>PERMIT SPACE HAZARDS</b> (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: _____	<b>EQUIPMENT AND PPE REQUIRED FOR ENTRY</b> 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				
<b>ADDITIONAL PERMITS REQUIRED</b> <input type="checkbox"/> LINEBREAKING <input type="checkbox"/> HOTWORK <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> Lock Out/Tag Out	<b>PERSONAL AWARENESS</b> <input type="checkbox"/> Pre-entry briefing on specific hazards/controls <input type="checkbox"/> All personnel completed task specific training				
<b>ATMOSPHERIC TESTING RESULTS</b> <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 %O2	19.5% min - 23.0%				
Flammability % LFL	< 10%				
Hydrogen Sulfide H2S	< 10 ppm				
Carbon Monoxide CO	< 35 ppm				
Gas Monitor Make/Model: _____			*pre-entry measurements recorded by Entry Supervisor		
<b>Determination of unacceptable conditions requires notification of FM Safety and/or EHS H</b>					
<b>Authorized Attendants (list by name):</b> _____ _____					
<b>Authorized Entrants (list by name):</b>					
		<i>Time in</i>	<i>Time</i>	<i>Time in</i>	<i>Time</i>
<b>AUTHORIZATION BY ENTRY SUPERVISOR</b>					
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: _____		
<b>FOR EMERGENCY RESCUE CALL CHARLOTTESVILLE FIRE DEPARTMENT 911</b>					