

Facilities Management
 Occupational Health and Safety

UVA Confined Space Entry Permit

Complete before entry and post on site.

Date to be entered	Work to be performed				
Location	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 Record continuous monitoring results at least every 2 hours (record additional test data on back of form)					
	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. 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

Email or call FM-OHS at 434-297-6379 if there are any questions related to the confined space or this form.