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)

- 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

PERSONAL AWARENESS

- Pre-entry briefing on specific hazards/controls
- 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)

<table>
<thead>
<tr>
<th></th>
<th>Acceptable Values</th>
<th>Pre-entry* Time: Results</th>
<th>Break Time: Results</th>
<th>Break Time: Results</th>
<th>Break Time: Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxygen %02</td>
<td>19.5% min - 23.0%</td>
<td></td>
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<tr>
<td>Flammability % LFL</td>
<td>&lt; 10%</td>
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<tr>
<td>Hydrogen Sulfide H2S</td>
<td>&lt; 10 ppm</td>
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<tr>
<td>Carbon Monoxide CO</td>
<td>&lt; 35 ppm</td>
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</tbody>
</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 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

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