

# UNIVERSITY OF VERMONT PERMIT-REQUIRED CONFINED SPACE ENTRY~PERMIT

DATE: \_\_\_\_\_ SITE LOCATION/DESCRIPTION: \_\_\_\_\_

PERMIT DURATION: \_\_\_\_\_ PURPOSE OF ENTRY: \_\_\_\_\_

SUPERVISOR(S) in charge of crews	Department/Shop	Phone#
_____	_____	_____
_____	_____	_____

COMMUNICATION PROCEDURES: \_\_\_\_\_

RESCUE PROCEDURES (PHONE NUMBERS AT BOTTOM ON 2<sup>nd</sup> PAGE) \_\_\_\_\_

<u>REQUIREMENTS COMPLETED:</u>	"YES OR N/A"	<u>REQUIREMENTS COMPLETED:</u>	"YES OR N/A"
Lockout/De-energize	_____	Respirators (Air Purifying/Air Supplied)	_____
Line(s) Broken-Capped-Blank	_____	Hotwork Permit	_____
Purge-Flush and Vent	_____	Protective Clothing	_____
Ventilation	_____	Full Body Harness w/ "D" ring	_____
Secure Area (Post and Flag)	_____	Emergency Escape Retrieval Equip	_____
Lighting (Explosive Proof)	_____	Lifelines	_____
Standby Safety Personnel	_____	Fire Extinguishers	_____

*Note: Items that do not apply enter N/A in the blank.*

Line(s) required to be bled/blanked: \_\_\_\_\_

Ventilation equipment required: \_\_\_\_\_

PPE clothing required (Hard Hat, Safety Glasses, etc): \_\_\_\_\_

If Respirator(s) required, what are the recognized airborne hazards: \_\_\_\_\_

Specified Filter or Cartridge Type (P100, OV, AG, etc): \_\_\_\_\_

### ENTRY TEAM (Note: An Attendant is REQUIRED for all confined spaces work)

ATTENDANT(S)	CONFINED SPACE ENTRANTS
_____	_____
_____	_____
_____	_____
_____	_____

### PERMIT-SPACE AIR MONITORING

AIR TESTING TAKEN BY (NAME)	INSTRUMENT(S) USED	MODEL# OR TYPE	SERIAL (Last 3-Digits)#
_____	<u>Industrial Scientific Corporation</u>	<u>ITX</u>	_____
_____	<u>Industrial Scientific Corporation</u>	<u>ITX</u>	_____

**PERMIT-SPACE AIR MONITORING**

Gases	Permissible Entry Level	Top	Middle	Bottom	Top	Middle	Bottom	Top	Middle	Bottom
O2 %	<b>19.5 to 23.5</b>									
LEL	<b>Less than 10%</b>									
H2S	<b>Less than 10 ppm</b>									
CO	<b>Less than 35 ppm</b>									
TIME										
INTERVALS		0 min			30 min			60 min		

Gases	Permissible Entry Level	Top	Middle	Bottom	Top	Middle	Bottom	Top	Middle	Bottom
O2 %	<b>19.5 to 23.5</b>									
LEL	<b>Less than 10%</b>									
H2S	<b>Less than 10 ppm</b>									
CO	<b>Less than 35 ppm</b>									
TIME										
INTERVALS		90 min			120 min			150 min		

PERMIT AUTHORIZATION – The “Entry Supervisor” certifies all actions and conditions necessary for safe entry have been performed.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (Phone):**

AMBULANCE/FIRE: 911      SOS (Page UVM's Confined Space Rescue Team): 656-2560      OTHER: \_\_\_\_\_

**Date of Program:** Revised 4/2008