UNIVERSITY OF VERMONT - PHYSICAL PLANT DEPARTMENT

CONFINED SPACE ENTRY PERMIT

THIS PERMIT MUST BE POSTED ON THE JOBSITE - VALID ONLY FOR INDICATED DATE

SECTION I - Permit Type

☐ This is a "Permit-Required" Confined Space Entry  ☐ This is a Certificate for a "Non-Permit Required" Confined Space Entry (i.e. this form is being used for precautionary purposes)

SECTION II - General Information

Confined Space #:  Confined Space Type :  Location :

Purpose of Entry :

Anticipated Permit Duration (Max=1 Shift):

Date of Entry :

Permit Start Time :

Supervisor :

Phone # :

SECTION III - Personnel (Attach List if Necessary)

Position     Name     Time/In     Time/Out     Time/In     Time/Out     Time/In     Time/Out

Attendant

Entrant

Entrant

Entrant

Entrant

NOTE: ATTENDANT(S) SHALL NEVER ENTER SPACE!

SECTION IV - Hazards (Expected & Potential)

List All Hazard(s) Associated With This Entry (Refer to site specific "University of Vermont Confined Space Entry Information"):

SECTION V - Pre-Entry Preparations

☐ Drained  ☐ Flushed  ☐ Inerted  ☐ Purged  ☐ Ventilated  ☐ Other ________  ☐ N/A

Openings :

☐ Barricaded  ☐ Guarded  ☐ Flagged  ☐ Other ________  ☐ N/A

Specify Procedures :

SECTION VI - Equipment Isolation

 Equip. :

☐ LOTO  ☐ Other ________  ☐ N/A

Lines :

☐ Bled  ☐ Blanked  ☐ Other ________  ☐ N/A

Specify Procedures :

SECTION VII - Communication

☐ Voice  ☐ Visual  ☐ Radio  ☐ Cell Phone  ☐ Rope Signals

☐ Hot Work  ☐ Health & Safety Plan

☐ Other ________  ☐ N/A

SECTION VIII - Additional Safety Permits

☐ Call Placed to SOS  Name of Caller :

Time Called : ________ (Start)  Time Called : ________ (End)

SECTION IX - Confined Space Rescue/Emergency Response

NOTIFY UVM SERVICE OPERATION SUPPORT (SOS) @656-2560 PRIOR TO & AT COMPLETION OF ENTRY - MANDATORY!

☐ Call Placed to SOS  Name of Caller :

Time Called : ________ (Start)  Time Called : ________ (End)

SECTION X - Personal Protective Equipment (PPE)

☐ Head Protection :

☐ Respiratory Protection :

☐ Footwear :

☐ Hearing Protection :

☐ Protective Clothing :

☐ Face/Eye Protection :

☐ Arm/Hand Protection :

☐ Other :  ☐ N/A

SECTION XI - Safety Equipment

☐ Safety Harness/Lifeline (if>5')  ☐ Tripod/Winch  ☐ Davit  ☐ Other :

☐ N/A

SECTION XII - Atmospheric Monitoring

**********PLEASE REFER TO REVERSE SIDE FOR ATMOSPHERIC MONITORING**********

SECTION XIII - Permit Cancellation

Permit Ended/Canceled By : ________________  Date : __________  Time : ________

(Print)  (Signature)

Reason Permit Ended/Canceled:  ☐ Work Completed  ☐ Permit Expired  ☐ Emergency Situation (Please Describe in Detail)

SECTION XIV - Notes & Additional Comments

MANDATORY! : SEND A COPY OF THIS PERMIT TO: PPD TCO, ATTENTION SAFETY PROGRAMS COORDINATOR

PLEASE FILL OUT BOTH PAGES OF THIS PERMIT COMPLETELY

Revised 02/2013
**SECTION XII - Atmospheric Monitoring (Attach Additional Sheet(s) if Necessary)**

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Acceptable Conditions</th>
<th>Continuous/Constant Monitoring</th>
<th>Pre-Entry Checks</th>
<th>After Ventilation and/or Isolation</th>
<th>Periodic Checks</th>
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<tbody>
<tr>
<td>Oxygen</td>
<td>19.5% - 23.5%</td>
<td>(Monitor Carried w/ Entrant at all Times)</td>
<td>(Top/Middle/Bottom)</td>
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**SECTION XIII - When entry is complete, the Supervisor shall sign off on the permit, and note reason for permit cancellation.**

**SECTION IV - List all expected and potential hazards. Be as specific as possible.**

**SECTION V - Check off all pre-entry preparations that are made.**

**SECTION VI - Check off all equipment that is isolated prior to the entry.**

**SECTION VII - Check off the type(s) of communication between the attendant(s) and entrant(s) that will be utilized.**

**SECTION VIII - List additional safety permits that are required [i.e. Hot Work, Health and Safety Plan (HASP), or other].**

**SECTION IX - Call SOS (656-2560) before and after entry. SOS will page the Confined Space Rescue Team (CSRT).**

**SECTION X - Check and describe specific PPE that will be utilized. Call the TCO (656-SAFE) with PPE questions.**

**SECTION XI - Check and describe specific safety equipment that will be utilized.**

**SECTION XII - Atmospheric Monitoring (Attach Additional Sheet(s) if Necessary)**

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**CONFINED SPACE PERMIT INSTRUCTIONS**

Confined Spaces have all of the following:

1. Large enough to bodily enter and perform assigned work;
2. Has limited or restricted means for entry or exit; and
3. Is not designed for continuous employee occupancy.

Permit-Required Confined Spaces have one or more of the following characteristics:

1. Contains a known or potentially hazardous atmosphere;
2. Contains a material that can engulf entrants (i.e. water, sand);
3. Has an internal configuration that could entrap entrants; or
4. Contains any other recognized serious safety or health hazard.

**PRIOR TO ENTRY**: Obtain a copy of the "Confined Space Entry Information." Review all applicable UVM policies, and state/federal regulations.

**SECTION I** - Check the box with the appropriate entry type for which this permit is being used.

**SECTION II** - Fill in entry information. It is important to note entry date and time, as well as expected permit duration.

**SECTION III** - Fill in all personnel associated with the entry. Incl. individual "positions" (i.e. attend., entr., supervisor).

**SECTION IV** - List all expected and potential hazards. Be as specific as possible.

**SECTION V** - Check off all pre-entry preparations that are made.

**SECTION VI** - Check off all equipment that is isolated prior to the entry.

**SECTION VII** - Check off the type(s) of communication between the attendant(s) and entrant(s) that will be utilized.

**SECTION VIII** - List additional safety permits that are required [i.e. Hot Work, Health and Safety Plan (HASP), or other].

**SECTION IX** - Call SOS (656-2560) before and after entry. SOS will page the Confined Space Rescue Team (CSRT).

**SECTION X** - Check and describe specific PPE that will be utilized. Call the TCO (656-SAFE) with PPE questions.

**SECTION XI** - Check and describe specific safety equipment that will be utilized.

**SECTION XII** - Fill in atmospheric monitoring information. Monitoring must be conducted initially, following ventilation and/or isolation, periodically (every 10-30 mins unless otherwise determine), or continuously.

**SECTION XIII** - When entry is complete, the Supervisor shall sign off on the permit, and note reason for permit cancellation.

**SECTION XIV** - Fill in any additional information as needed.