



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

- Permit-Required vs Non-Permit Required options

SECTION II - General Information

Confined Space #, Type, Location, Purpose, Duration, Date, Supervisor, Phone #, Start/End Time

SECTION III - Personnel (Attach List if Necessary)

Table with columns: Position, Name, Time/In, Time/Out. Includes a 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

SECTION VI - Equipment Isolation

Drained, Flushed, Inerted, Purged, Ventilated, Other, LOTO, Bled, Blanked, Other

SECTION VII - Communication

SECTION VIII - Additional Safety Permits

Voice, Visual, Radio, Cell Phone, Rope Signals, Hot Work, Health & Safety Plan

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/End)

SECTION X - Personal Protective Equipment (PPE)

Head Protection, Respiratory Protection, Footwear, Hearing Protection, Protective Clothing, Face/Eye Protection

SECTION XI - Safety Equipment

Safety Harness/Lifeline, Tripod/Winch, Davit, Other

SECTION XII - Atmospheric Monitoring

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

SECTION XIII - Permit Cancellation

Permit Ended/Canceled By (Print/Signature), Date, Time, Reason Permit Ended/Canceled

SECTION XIV - Notes & Additional Comments

Blank area for notes and additional comments

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

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

Equipment Make, Model: <i>Industrial Scientific iTX Multi-Gas Monitor</i>	Serial # (last 3 digits):	Tester's Signature:
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		Continuous/Constant Monitoring (Monitor Carried w/ Entrant at all Times)		Pre-Entry Checks (Top/Middle/Bottom)			After Ventilation and/or Isolation (Top/Middle/Bottom)			Periodic Checks (Top/Middle/Bottom)		
Hazard	Acceptable Conditions											
Oxygen	19.5% - 23.5%											
LEL	<10%											
H2S	<2 ppm											
CO	<10 ppm											
Other :												
TIME INITIALS		:	:	:	:	:	:	:	:	:	:	:

		Periodic Checks (Top/Middle/Bottom)			Periodic Checks (Top/Middle/Bottom)			Periodic Checks (Top/Middle/Bottom)			Periodic Checks (Top/Middle/Bottom)		
Hazard	Acceptable Conditions												
Oxygen	19.5% - 23.5%												
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Other :													
TIME INITIALS		:	:	:	:	:	:	:	:	:	:	:	

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.

TCO PERMIT REVIEW
(For Office Use Only)