



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, Times

SECTION III - Personnel (Attach List if Necessary)

Table with columns: Position, Name, Time/In, Time/Out (repeated 4 times)

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, Openings, Specify Procedures

SECTION VI - Equipment Isolation

- Equip., Lines, Specify Procedures

SECTION VII - Communication

- Voice, Visual, Radio, Cell Phone, Rope Signals, Other

SECTION VIII - Additional Safety Permits

- Hot Work, Health & Safety Plan, Other

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, Arm/Hand Protection, Other

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: Work Completed, Permit Expired, Emergency Situation

SECTION XIV - Notes & Additional Comments

*Atmospheric Monitoring: Allow two seconds per foot of tubing, plus two minutes for each reading, measure every four feet, with a minimum of three readings (top, mid and bottom).

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>Scientific iTX Multi-Gas Monitor</i>			Serial # (last 3 digits):			Tester's Signature:						
		Continuous/Constant Monitoring		Pre-Entry Checks			After Ventilation and/or Isolation			Periodic Checks		
Hazard		Acceptable Conditions		(Monitor Carried w/ Entrant at all Times)			(Top/Middle/Bottom)			(Top/Middle/Bottom)		
Oxygen	19.5% - 23.5%											
LEL	<10%											
H2S	<2 ppm											
CO	<10 ppm											
Other :												
TIME INITIALS		:	:	:	:	:	:	:	:	:	:	:
		Periodic Checks		Periodic Checks			Periodic Checks			Periodic Checks		
Hazard		Acceptable Conditions		(Top/Middle/Bottom)			(Top/Middle/Bottom)			(Top/Middle/Bottom)		
Oxygen	19.5% - 23.5%											
LEL	<10%											
H2S	<2 ppm											
CO	<10 ppm											
Other :												
TIME INITIALS		:	:	:	:	:	:	:	:	:	:	:
CONFINED SPACE PERMIT INSTRUCTIONS												
Confined Spaces have <u>all</u> of the following :				<ol style="list-style-type: none"> 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 <u>one or more</u> of the following characteristics:				<ol style="list-style-type: none"> 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)												