



Confined Space Entry Permit

Version: 1
Last Updated:
10/22/2018

Date:

Time:

Location of Work:

Scope of Work:

Known Hazards of the Space (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Oxygen Deficiency | <input type="checkbox"/> Hydrogen Sulfide (H2S) | <input type="checkbox"/> Engulfment |
| <input type="checkbox"/> Combustible gas/vapor | <input type="checkbox"/> Other gas/vapor: _____ | <input type="checkbox"/> Entrapment |
| <input type="checkbox"/> Combustible dust | <input type="checkbox"/> Chemical Hazards | <input type="checkbox"/> Extreme Temperatures |
| <input type="checkbox"/> Carbon Monoxide (CO) | <input type="checkbox"/> Electrical Hazards | <input type="checkbox"/> Fall Hazards |
| <input type="checkbox"/> Mechanical Hazards | <input type="checkbox"/> Pipes under pressure | <input type="checkbox"/> Other Hazards: _____ |

Ventilation:

- Before entry
- Continuously
- None

Communication Method:

- Verbal
- Visual
- Two Way Radio
- Other: _____

Additional Lighting Needed:

- Flashlight
- GFCI
- None
- Other: _____

Additional PPE (Check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Head Protection | <input type="checkbox"/> Harness |
| <input type="checkbox"/> Gloves: _____ | <input type="checkbox"/> Body Protection | <input type="checkbox"/> Dust Mask |
| <input type="checkbox"/> Work Boots | <input type="checkbox"/> Rubber Boots | <input type="checkbox"/> Safety Glasses/Goggles |
| <input type="checkbox"/> Face Shield | <input type="checkbox"/> Knee pads | <input type="checkbox"/> Other: _____ |

Additional Considerations (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Lockout Tagout | <input type="checkbox"/> Tripod with Winch | <input type="checkbox"/> Generator |
| <input type="checkbox"/> Hot Work (requires a permit) | <input type="checkbox"/> Barricade Entry | <input type="checkbox"/> Portable Ladder |
| <input type="checkbox"/> Other: _____ | | |

Time	Location of Air Sample	Oxygen (Acceptable from 19.5% to 23.5%)	LEL (acceptable <10%)	CO (acceptable <35 ppm)	H2S (acceptable <10 ppm)	Other Gases

Instrument Model:

Date of Last Calibration:

In case of an emergency, call 911. Tell the operator you need a confined space rescue and assistance from the fire department. **DO NOT ENTER THE SPACE!** Then contact UCCS Police at (719) 255-3111 and begin any non-entry rescue procedures, if applicable.

I have reviewed this permit and I am aware of the hazards and precautions necessary for performing the designated work in the confined space. I certify that all existing and potential hazards have been evaluated, necessary protective measures have been taken, and acceptable environmental conditions exist for entry.

Entry Title (Entrant, Attendant, Alternate, Supervisor, etc.)	Name	Signature
Entrant		
Attendant		

This permit must be displayed at job site until work is complete, canceled, or the shift has ended.

Comments/Problems During Entry:

The work is:

Complete Canceled Done for the day

Entrant Signature: _____ Date: _____ Time: _____