



UTHealth™

The University of Texas Health Science Center at Houston

CONFINED SPACE ENTRY PERMIT

Permit Number: _____ Date: _____

Confined Space ID# & Location: _____

Description of Confined Space: _____

Purpose of Entry: _____

Scheduled Start: _____ (Day / Date / Time)

Expected Finish: _____ (Day / Date / Time)

UT Entry Supervisor: _____

Phone: _____

Entrant(s): _____

Attendant(s): _____

Work to be performed: _____

Pre-Entry Authorization: I certify that all entrants and attendants have been properly trained on the hazards inherent in all confined spaces and specifically presented in the case of this entry: Signature of Entry Supervisor: _____

Safety Precautions:

- Checkboxes for safety precautions: Barricade Job Area, Lighting, Bonding of equipment, Fire Extinguishers, Ground Fault Interrupter, Other, Signs Posted, Lockout/Tagout, Lifeline & Full Body Harness, Fire-Retardant Clothing, Purging, Ventilation, Blocking/Blinding, Respirators, Self Contained Breathing Apparatus.

Communication system to be used between attendant and entrant: _____

Allowable Environmental Conditions: % Oxygen: 19.5% - 23.5%; % LEL: No more than 10%; H2S: 2 ppm; CO: 35 ppm; Other: Any toxics that may exist in or be introduced to the confined space must be tested for and be present at levels lower than OSHA PEL's.

Environmental Conditions at time of entry: Time of Test: _____ % Oxygen: _____

% LEL: _____ % H2S: _____ % CO: _____ Other: _____

Environmental Conditions retest: Time of Test: _____ % Oxygen: _____

% LEL: _____ % H2S: _____ % CO: _____ Other: _____

Instrument(s) Used: _____ Employee conducting Test: _____

Signature boxes for Entry Authorization, Entry Completion, and Permit Cancellation with Name and Date fields.

CALL 911 IMMEDIATELY IN THE EVENT OF AN EMERGENCY