CONFINED SPACE ENTRY PERMIT

Permit Number: ______________ Date: ______________

Confined Space ID# & Location: _______________________________________________________________________________________
Description of Confined Space: _______________________________________________________________________________________
Purpose of Entry: ____________________________________________________________________________________________________

Scheduled Start: _____________________________________ Expected Finish: _______________________________________________

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:
- □ 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: ____________________________

Entry Authorization: All actions and/or conditions required for safe entry and work into the designated confined space have been performed to my satisfaction.
Signature: ____________________________ Name: ____________________________ Date: ____________________________

Entry Completion: Entry has been completed and all entrants have exited permit space. All equipment has been removed from the space and all equipment has been returned to service.
Signature: ____________________________ Name: ____________________________ Date: ____________________________

Permit Cancellation: Satisfactory completion of all actions and/or conditions required for safe entry has NOT been completed. Work is not allowed to begin or is being stopped to prevent injury and illness to workers.
Signature: ____________________________ Name: ____________________________ Date: ____________________________

CALL 911 IMMEDIATELY IN THE EVENT OF AN EMERGENCY