UI PERMIT – REQUIRED CONFINED SPACE ENTRY CHECKLIST

(Print on Orange Stock)

Location_____ I.D. # _____

Description of Space_____

Department Responsible_____

Description of Work to be Performed _____

Authorized Duration of Permit* From (Date/Time): _____ To (Date/Time): _____

***If entry into a permit space is not made during time specified, a new permit must be completed prior to entry**

ACTUAL OR POTENTIAL (A/P) HAZARDS IN CONFINED SPACE

N/A **A/P** N/A = Not Applicable A/P = Actual/Potential

N/A	A/P	
( )	( )	Oxygen deficiency
( )	( )	Flammable gases or vapors
( )	( )	Toxic gases or vapors exceeding Permissible Exposure Limit (PEL)
( )	( )	Mechanical
( )	( )	Electrical
( )	( )	Engulfment
( )	( )	Materials harmful to skin
( )	( )	Configuration of space could trap entrant
( )	( )	Heavy/awkward/pressurized entry covers
( )	( )	Slick or obstructed working surfaces
( )	( )	Noise
( )	( )	Heat/cold
( )	( )	Falling
( )	( )	Asbestos
( )	( )	Lead
( )	( )	Radioactive residues
( )	( )	Others: Specify _____

Note: In addition to gases or vapors already present, use of solvents, paints, caulks or similar materials can have an adverse effect on the atmosphere inside the confined space.

PREPARATIONS

N/A	REQ	COM	N/A = Not Applicable | REQ = Required | COM = Completed
( )	( )	( )	Obtain and review appropriate Safety Data Sheets (SDSs)
( )	( )	( )	Arrange for qualified attendant(s) and entrant(s)
( )	( )	( )	Employees informed of specific confined space hazards
( )	( )	( )	Employees reviewed procedures outlined on checklist/permit
( )	( )	( )	Employees trained and fitted to use respirators if required
( )	( )	( )	Notify affected departments of service interruption; Specify _____
( )	( )	( )	Notify contractors involved/affected; Specify _____
( )	( )	( )	Staging area for materials/equipment determined
( )	( )	( )	Cordon off area around confined space
( )	( )	( )	Transportation available/unobstructed for emergencies
( )	( )	( )	Isolate pipes by blanking, double-valve & bleeding, or lockout/tagout*
( )	( )	( )	Lock-out/Tag-out all energy sources to zero energy state
( )	( )	( )	Exits/entries into confined space are open/unobstructed
( )	( )	( )	Drain, clean, wash and/or purge; If purge required specify MIN time:_____
( )	( )	( )	Atmospheric test in compliance
( )	( )	( )	Ventilation as required; Specify _____
( )	( )	( )	Radios checked for proper operation before entry
( )	( )	( )	Copy of completed permit posted near entry points
( )	( )	( )	Other: Specify_____

*Lockout/Tagout- attach separate lockout/tagout checklist if required

EQUIPMENT REQUIRED FOR SAFE ENTRY

N/A	REQ	COM	N/A = Not Applicable | REQ = Required | COM = Completed
( )	( )	( )	Air monitor (calibrated)
( )	( )	( )	Lifeline and safety harness or wristlets
( )	( )	( )	Tripod/retraction equipment
( )	( )	( )	Communication equipment: Specify _____
( )	( )	( )	Respirator: Specify _____
( )	( )	( )	SCBA (Self-Contained Breathing Apparatus)
( )	( )	( )	Ladder or other approved entry means
( )	( )	( )	Protective clothing
( )	( )	( )	Hard hat
( )	( )	( )	Gloves
( )	( )	( )	Safety glasses
( )	( )	( )	Appropriate footwear
( )	( )	( )	Hearing protection
( )	( )	( )	First-aid kit
( )	( )	( )	Fire extinguisher
( )	( )	( )	Fall protection
( )	( )	( )	Other: Specify_____

ATMOSPHERIC TESTING

N/A = Not Applicable | REQ = Required

N/A **REQ** **N/A** **REQ**

( ) ( ) **Continuous monitoring** ( ) ( ) **Periodic Monitoring**

Parameter	**Allowable Limit**	**Time** _____	**Time** _____	**Time** _____	**Time** _____
Oxygen Level	19.5%–23.5%				
Flammability	10% LEL (CH4)				
Hydrogen Sulfide	10 PPM				
Carbon Monoxide	35 PPM				
Toxic (Specify) _____					
Temperature*					

***Ensure sufficient rest breaks are taken and fluids are available**

Name/Department of Employee(s) Conducting Testing (print):

_____

_____

RESCUE PROCEDURES

N/A	REQ	COM	N/A = Not Applicable | REQ = Required | COM = Completed
( )	( )	( )	Non-entry rescue equipment available on site specific
			_____
( )	( )	( )	Method for summoning rescue personnel: Specify
			_____
( )	( )	( )	Fire Department notified prior to entry

AUTHORIZED PERSONNEL

Attendants, entrants, and entry supervisors must be trained in their duties as described in the University's Confined Space Standard.

Attendant(s): Name/Dept

_____

Entrant(s): Name/Dept (attendant must keep current tally of entrants in space)

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Time Entry Began: _____ **Time Entry Ended:** _____

AUTHORIZATION TO PROCEED

I certify that all required precautions identified on this checklist/permit have been taken and authorize work to proceed as described. Attendants and entrants have been instructed to evacuate this space and to notify me immediately if any of these precautions cannot be maintained.

Entry Supervisor Name (print): _____ Date: _____

Entry Supervisor (Signature): _____ Time: _____

POST PERMIT NEAR ENTRY POINT PRIOR TO AND DURING ENTRY

PERMIT CLOSE-OUT PROCEDURES

N/A	REQ	COM	N/A = Not Applicable | REQ = Required | COM = Completed
( )	( )	( )	Reverse isolation/lock-out procedures (refer to separate checklist if required.
( )	( )	( )	Secure entrance
( )	( )	( )	If Fire Department was notified prior to entry, re-notify that entry operations have been completed
( )	( )	( )	Debrief personnel involved in entry operations and note comments.
( )	( )	( )	Cancel and file permit for future reference

Entry Supervisor (Signature): _____ Time: _____

COMMENTS

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[Send copy to EHS]