# UVA Confined Space Entry Permit

*Complete before entry and post on site.*

UNIVERSITY of VIRGINIA
Facilities Management

| Space to be entered Date: | Work to be performed |
|---|---|
| Location/Building | **Authorized duration of permit** *From*:      *To*: |

**PERMIT SPACE HAZARDS** (check all that apply)

- ☐ Oxygen deficiency
- ☐ Oxygen Enrichment
- ☐ Flammable gases or vapors
- ☐ Airborne combustible dust
- ☐ Toxic gases or vapors
- ☐ Mechanical hazards
- ☐ Electric shock
- ☐ Materials harmful to skin
- ☐ Engulfment
- ☐ Other:_____

**ADDITIONAL PERMITS REQUIRED**

- ☐ LINEBREAKING
- ☐ HOTWORK
- ☐ OTHER:_____
- ☐ Lock Out/Tag Out

**EQUIPMENT AND PPE REQUIRED FOR ENTRY**

| | | |
|---|---|---|
| Mechanical ventilation | ☐ yes | ☐ no |
| Powered communication | ☐ yes | ☐ no |
| Gloves | ☐ yes | ☐ no |
| Protective eyewear | ☐ yes | ☐ no |
| Protective clothing | ☐ yes | ☐ no |
| Respirator (air purifying) | ☐ yes | ☐ no |
| Tripod retrieval system | ☐ yes | ☐ no |

Other: _____

☐ All electric equipment listed Class I, Div I, Group D

**PERSONAL AWARENESS**

- ☐ Pre-entry briefing on specific hazards/controls
- ☐ All personnel completed task specific training

**ATMOSPHERIC TESTING RESULTS**

*Record continuous monitoring results at least every 2 hours (record additional test data on back of form)*

| | Acceptable Values | Pre-entry* Time: Results | Break Time: Results | Break Time: Results | Break Time: Results |
|---|---|---|---|---|---|
| Oxygen %O2 | 19.5% min - 23.0% | | | | |
| Flammability % LFL | < 10% | | | | |
| Hydrogen Sulfide H2S | < 10 ppm | | | | |
| Carbon Monoxide CO | < 35 ppm | | | | |
| Gas Monitor Make/Model: | | *pre-entry measurements recorded by Entry Supervisor | | | |

*Determination of unacceptable conditions requires notification of FM Safety and/or EHS H*

**Authorized Attendants (list by name):**

| |
|---|
| |
| |

| Authorized Entrants (list by name): | Time in | Time out |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

**AUTHORIZATION BY ENTRY SUPERVISOR**

I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in this confined space. *This permit is not valid until all appropriate items are completed and it is signed.*

| SIGNATURE: | PRINT NAME: |
|---|---|

FOR EMERGENCY RESCUE CALL CHARLOTTESVILLE FIRE DEPARTMENT 911

**Email or call FM-OHS if there are any questions related to the confined space or this form.**