

CONFINED SPACE ENTRY PERMIT

Use this permit when entering a permit-required confined space, which is only valid for the duration of work being performed and for no more than 8 hours. Safe Operating Procedures (SOPs) are required in addition to this permit. Post this permit at or near the entry point. An attendant is required outside the space and must maintain communication with the entrant(s) and have a means to summon rescue services (e.g., 911). Review confined space assessments and the work to be performed to determine the entry requirements.

General

Space to be Entered:		Date & Time Issued:	
Location of Space:		Date & Time of Expiration:	
Purpose of Entry:		Department or Contractor:	
Entrant(s):			
Attendant(s):			

Requirements

Assessment Reviewed:	<input type="checkbox"/>	Actual or Potential Hazards:	<input type="checkbox"/> None <input type="checkbox"/> Atmospheric <input type="checkbox"/> Entrapment <input type="checkbox"/> Engulfment/Suffocation <input type="checkbox"/> Steam <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Specify)				
Special Requirements		Yes	N/A	Special Equipment		Yes	N/A
Secure Area or Work Zone (e.g., barricading, fencing-off)				Fire Extinguisher (not CO ₂)			
Pumps / Lines Blanked, Blocked, Capped (i.e., LOTO)				Special Lighting (e.g., explosion-proof)			
Purging, Flushing, Venting of Utility Lines				Portable Blower (i.e., forced-air ventilation)			
Other Permits (e.g., Hot Work):		(specify)		Water Pumps			
Other Special Requirements:		(specify)		Other Equipment:		(specify)	
Energy Sources Isolated:		<input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Hydraulic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Chemical <input type="checkbox"/> Thermal <input type="checkbox"/> Steam <input type="checkbox"/> Condensate <input type="checkbox"/> Other (specify)					
Entrant Communication:		<input type="checkbox"/> Radio <input type="checkbox"/> Cellular Phone <input type="checkbox"/> Visual <input type="checkbox"/> Verbal <input type="checkbox"/> Fixed Telephone <input type="checkbox"/> Other (specify)					
Required Personal Protective Equipment:		<input type="checkbox"/> Gloves <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Goggles <input type="checkbox"/> Face Shield <input type="checkbox"/> Hardhat <input type="checkbox"/> Ear Plugs/Ear Muffs <input type="checkbox"/> Respirator <input type="checkbox"/> Safety Shoes/Boots <input type="checkbox"/> Long Sleeves/Pants <input type="checkbox"/> Body Protection <input type="checkbox"/> Other (specify)					

Atmospheric Testing

Atmospheric Gases (test in this order)	Permissible Limits (must be within limits)	Pre-Entry Time		Time During Entry - Record Readings Every 2 Hours (8-hour maximum)							
		AM	PM	AM	AM	AM	AM	AM	AM	AM	
Oxygen (O ₂)	19.5% to 23.5%	%	%	%	%	%	%	%	%	%	
Lower Explosive Limit (LEL)	Under 10%	%	%	%	%	%	%	%	%	%	
Carbon Monoxide (CO)	Under 10 ppm	ppm	ppm	ppm	ppm	ppm	ppm	ppm	ppm	ppm	
Hydrogen Sulfide (H ₂ S)	Under 10 ppm	ppm	ppm	ppm	ppm	ppm	ppm	ppm	ppm	ppm	
Other:	(specify)	(specify)									
Tester's Initials:											
Monitoring Equipment Make and Model		Serial Number			Calibration Date			Bump test passed prior to use? (required)		Yes	

Rescue

Rescue Method	Yes	N/A	Attendant Requirement	Yes	N/A
Non-Entry Retrieval Equipment (e.g., tripod, lifeline, hoist, harness)			Trained in the Use of Non-Entry Equipment		
Rescue Service On-Site (SCBAs, entry retrieval equipment)			Has Means to Summon Rescue Services (required)		
Rescue Communication:	<input type="checkbox"/> Radio <input type="checkbox"/> Cellular Phone <input type="checkbox"/> Visual <input type="checkbox"/> Verbal <input type="checkbox"/> Fixed Telephone <input type="checkbox"/> Other (specify)				
Pitt Police Notified Prior to Entry:	<input type="checkbox"/>				

Authorization

I have reviewed the work authorized by this permit and the information contained herein. This permit is not valid unless all appropriate items are completed. I certify that all actions and conditions necessary for safe entry have been performed.

Entry Supervisor:	(print):	(sign):	(title):
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Cancellation

Entry will be terminated and this permit will be canceled when the entry operations covered by the permit have been completed or a condition that is not allowed under the entry permit arises in or near the permit space. Re-entry into the confined space will not be allowed until a new assessment is completed and a permit is issued.

This permit must be cancelled by the Entry Supervisor and submitted to University of Pittsburgh Environmental Health and Safety (EHS).

Permit Cancelled by:		Date & Time:	
Reason:	<input type="checkbox"/> Work Complete <input type="checkbox"/> Rescue Unavailable <input type="checkbox"/> Conditions Violate Permit <input type="checkbox"/> New Hazards <input type="checkbox"/> Other (Specify)		