

UNIVERSITY OF ROCHESTER CONFINED SPACE ENTRY PERMIT

Emergency Telephone Numbers	Job Site	Job Working Supervisor	Supervisor Telephone			
Confined Space Description		Confined Space Contents		Confined Space Last Contained		
Description of Work				Date of Entry		
Entry Team Leader (ETL)		Work to Begin Date Time		Work to End Date Time		
Requirements	Check All Items That Apply (ETL)		ETL Initials	Other Special Requirements or PPE	ETL Initials	
	1. Pipe Connections ___ Blanked ___ Tagged ___ Disconnected ___ Valve Closed, Vented & Locked					
	2. Electric ___ Fuses Pulled ___ Locked Off ___ Tagged ___ Disconnected ___ Breaker Locked					
	3. Access (Specify Means)					
	4. Space Cleaned ___ Steam ___ Water Wash ___ Solvent Wash ___ Other (Specify)					
	5. Ventilation ___ Ambient ___ Forced ___ Other (Specify)					
	6. Lights / Cords ___ Low Volt ___ Expl. Proof ___ Portable GFCI ___ Other (Specify)					
	7. Static Grounding ___ No ___ Yes (Specify)					
	8. Barricades ___ Pedestrian ___ Vehicular Specify Type					
	9. Assistance ___ Outside Attendant ___ Outside Observer					
	10. Rescue (who, how)					
	11. Rescue Equipment ___ Mechanical Extraction					
	12. Protective Equipment ___ Wristlets ___ Body Harness ___ Eye (type _____) ___ Gloves (Type _____) ___ Clothing (Type _____) ___ Boots ___ Rubbers ___ Hearing Protection RESPIRATOR: ___ ½ Face Mask ___ Full Face ___ Filter/Cartridge (Type _____) ___ Airline ___ Escape Pack ___ PAPR ___ Loose Fit ___ Welder's Helmet		ATMOSPHERE TEST INSTRUMENTS			
		Manufacturer	Model	Serial No.	Calib Date	Calib Due
		1.				
	2.					
13. Location Telephone			14. Location Eye Wash			
15. Location Fire Alarm			16. Location Emergency Shower			
Atmosphere Test Requirements	Element (any change in task requires new testing)	Field Checker Signature	Meter Reading	Time	Is Continuous Test Required?	Permissible Exposure Limit
	Oxygen in Space (O ₂)		%		___ Yes ___ No	> 19.5 % - < 23 %
	Hydrogen Sulfide (H ₂ S)		ppm		___ Yes ___ No	< 10 ppm
	Carbon Monoxide (CO)		ppm		___ Yes ___ No	< 10 ppm
	Flammability (LEL)		% LEL		___ Yes ___ No	< 10 %
	Oxygen-Airline Respirator		%		___ Yes ___ No	> 19.5 % - < 21 %
	Other Toxic Gas (specify)				___ Yes ___ No	

This permit is valid for the day of issue only. All checks and atmospheric tests are to be completed on day of entry, prior to entry. Atmospheric testing is required for any changes in the confined space or surrounding work environment (record interval checks on page 2 of permit). Post this permit on job site. Retain a department copy. Send one copy to EH&S upon completion. All entry team personnel have the right to observe atmospheric testing to their satisfaction.

I have reviewed the job setup and am satisfied that proper safety measures are being taken. I will abide by these safety requirements, and to bring to immediate attention any job hazards uncovered. I have been trained in confined space entry and the possible hazards associated with it; I've read the notes on page 2. My signature below signifies adherence to the conditions of the permit.

Entry Team Leader	Entry Team Attendant	Entrant	Entrant
Entrant	Entrant	Entrant	Entrant

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1. Ensure proper Lock Out / Tag Out; verify de-energization and dissipated energy
2. The outside observer must constantly be stationed outside the confined space near the entrance and maintain constant contact, visual and/or verbal, with those inside the confined space.
3. All entry team personnel must be informed of the nearest telephone, fire alarm, emergency shower and eyewash.
4. Do not enter the confined space unless all items on the front of this permit are satisfied.
5. All entry personnel must have received confined space training prior to entry. The signatures on the front of the permit signify this.
6. Record additional atmospheric testing below. Use another sheet if necessary.

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	Hydrogen Sulfide (H ₂ S)		ppm		__ Yes __ No	< 10 ppm
	Carbon Monoxide CO)		ppm		__ Yes __ No	< 10 ppm
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