

Facilities Emergency Procedures:
Radio/Phone Work Order Control
(6-3113/6-3114) or 911

University of Connecticut CONFINED SPACE ENTRY PERMIT

Canceled permits must be faxed to
EHS (860-486-1106) within 72
hours of cancellation.

1 **LOCATION & DESCRIPTION** of Confined Space _____ **DATE & TIME** Issued _____
PURPOSE OF ENTRY _____ **EXPIRATION** _____
POTENTIAL HAZARDS of Space _____ Approval for **WELDING/CUTTING** Y N
HAZARDS INTRODUCED in Space _____

2 **DEPARTMENT** _____ **ENTRY APPROVER** _____
 Authorized **ENTRANT(S)** _____
 Authorized **ATTENDANT(S)** _____

SPECIAL REQUIREMENTS	Required		Completed			Required		Completed	
	Y	N	Y	N		Y	N	Y	N
Energy Isolation - Lock Out/De-energize					Retrieval tripod or quadpod and harness				
Lines Broken/Capped/Blanked					Lifelines secured to harnesses				
Purging – Flushing – Venting of utility lines					Entry/Exit Log (back page)				
Space Ventilation (continuous)					Fire Extinguishers (not CO2)				
Secure area or work zone (Post & Flag)					Special Lighting (e.g., Explosion Proof)				
Water pumps					Personal Protective Equipment (list below)				
GFCI protection					Means of Communication (indicate below)				
Trailing Rope from entrance _____ feet req'd					Other: _____				
Indicate Energy Sources Isolated:									
PPE required above:									
Communication to call Rescue: Radio <input type="checkbox"/> Cell Phone <input type="checkbox"/>					Communication to Entrant: Radio <input type="checkbox"/> Verbal <input type="checkbox"/> Hand signals <input type="checkbox"/> Other _____				

GAS LEVEL TESTS TO BE TAKEN		Permissible Entry Level	Pre-entry Reading Time:	Time during entry – Record readings every 2 hours (8 hours max)							
				am	pm	am	pm	am	pm	am	pm
Y			Initials:								
	Percent Oxygen	19.5% to 23.5%	%	%	%	%	%	%	%	%	%
	Percent LEL	Under 10%	%	%	%	%	%	%	%	%	%
	Carbon Monoxide	Under 35 ppm	ppm	ppm	ppm	ppm	ppm	ppm	ppm	ppm	ppm
	Hydrogen Sulfide	Under 10 ppm	ppm	ppm	ppm	ppm	ppm	ppm	ppm	ppm	ppm
	Other:										

Air monitoring remarks: _____

GAS MONITORING INSTRUMENTS USED			
Model	ID Number	Date Calibrated	Bump Test (Y)

6 **PERMIT-AUTHORIZING OFFICIAL** _____ **Position** _____
Department _____ **Unit** _____ **Phone** _____

7 **All above conditions satisfied:**
SIGNATURE of Entry APPROVER _____ **Date** _____ **Time** _____

8 **Permit CANCELLED by:** _____ **Date** _____ **Time** _____

Reason: Work complete Rescue unavailable Conditions in space violate permit Other _____

CONFINED SPACE ENTRY LOG

NAME	DEPARTMENT	TIME IN	TIME OUT

I. PRE-ENTRY MEETING

The **Permit-Authorizing Official** and the **Entry Approver** will prepare the Confined Space Entry Permit in a pre-entry meeting. At that time, **the gray sections will be completed.**

Note: If the job will continue an estimate of 6 turns (days, shifts), 6 copies of the permit will be initiated at the pre-entry meeting with the same information as stated above.

II. IMMEDIATELY PRIOR TO ENTRY

The Entry Approver will verify that the requirements of **Section 3** have been completed and/or are in place and that **pre-entry gas readings** under **Section 4** have been taken and are noted.

Once all the conditions specified on the permit have been satisfied, the Entry Approver may then sign, date and note the time in Section 7.

Entry into the confined space will not be allowed until the permit has been signed by the Entry Approver.

III. PERMIT IN EFFECT

During entry operations, continuous monitoring of the atmosphere will be performed and readings must be recorded in writing on the permit every 2 hours. A permit is valid for a period of one work shift.

The Confined Space Entry Permit must remain posted at the job site at all times until the work has been properly completed and the permit has been cancelled by the Permit-Authorizing Official or Entry Approver.

IV. PERMIT CANCELLED (Section 8)

Entry will be terminated and the Confined Space Entry Permit will be cancelled when:

1. The entry operations covered by the permit have been completed; **or**
2. 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 permit is issued by the Permit-Authorizing Official

When the job is completed: Original permit to Department
 Copy to Environmental Health & Safety (Unit 4097 or Fax 6-1106)

EMERGENCY PROCEDURES: Radio/Phone Work Order Control (6-3113/6-3114)

OR

911