

University of Northern Colorado Facilities Management	<b>Confined Space Entry Permit</b> <small>THIS PERMIT VALID FOR 8 HOURS ONLY COPY MUST BE AT JOB SITE UNTIL COMPLETED</small>
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Location or I.D. #:	Type Space: <input type="checkbox"/> Storm Drain <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Utility Vault Other: _____
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Reason for Entry:	Approximate Duration:		
Air Monitor Brand Name:	Model #:	Serial #:	Last Calibration Date:

Test to be Taken	Record Levels and Time of Test								
	Yes	No	TLV	Time	Time	Time	Time	Time	Time
% of Oxygen			<19.5% or >23.5%						
% of LFL Comb.			10%						
Carbon Monoxide (Tox 1)			35 PPM						
Hydrogen Sulfide (Tox 2)			10 PPM						
VOC									

Name of Person(s) Testing Atmosphere: \_\_\_\_\_

- ★ TLV Threshold Limit Value (8 hour time-weighted average concentration to which nearly all workers may be continuously Exposed without adverse health effects)
- ★★ LFL Lower Flammable Limit

Special Requirements	Yes	No	Personal Protective Equipment	Yes	No
Work Site Protection			Protective Clothing		
Ventilation			Body Harness		
Lock Out - Tag Out			Filter Respirator		
Lines broken, Capped, or Blanked			SCBA/Supplied Air Respirator		
Lighting			Emergency escape Respirator		
Fire Extinguishers			Means of Entry/Exit		
Tripod/Retrieval Equip./ Lifelines			Physical hazard Precautions <small>See Boxes on Back of Form</small>		
Communication Type:	<input type="checkbox"/> Voice <input type="checkbox"/> Radio		<input type="checkbox"/> Intercom <input type="checkbox"/> Rope Signals <input type="checkbox"/> Other: _____		
Communication System Functional?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Rescue Plan Defined? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency services Standby?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Phone# 911 or 351-2245    Radio Contact - <b>UNC PD</b>		
Hot work to be performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes,    ▶    Hot Work Procedure Reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Actual Entry Time (First Person In):			Actual Exit Time( Last Person Out):		

Authorized Entrant(s):    1.) \_\_\_\_\_    2.) \_\_\_\_\_    3.) \_\_\_\_\_  
 Attendant(s):    1.) \_\_\_\_\_    2.) \_\_\_\_\_    3.) \_\_\_\_\_

I certify that I have inspected the work area for safety and reviewed all safety precautions recorded on this permit.

Entry Supervisor: \_\_\_\_\_, \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name) (Signature) Time: \_\_\_\_\_

This permit has been terminated \_\_\_\_\_, \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name) (Signature) Time: \_\_\_\_\_

Reason For Termination     Work was completed  
 Unforseen Hazards - List Hazards \_\_\_\_\_  
 Other \_\_\_\_\_

**In case of an emergency or rescue call UNCPD immediately. Contact by Radio, 911 or 351-2245**