

# Environmental Health & Safety

**Job No: 0000**

**Date:** \_\_\_\_\_

## CONFINED SPACE ENTRY PERMIT

**Permit No: 7-2009**

### 1. GENERAL INFORMATION

		<input type="checkbox"/> Contractor
Building/Location description	Physical Plant department (St. Paul, Zale, etc.,)	
Permit Space to be entered (Crawl Space, Sewer, etc.,)	Shop/Section (TEP, Plumbing, etc.)	Name of Company
Purpose of Entry	Supervisor & Phone No.	Supervisor & Phone #
<input type="checkbox"/> Yes <input type="checkbox"/> No                 Are both contractor(s) and UT employee(s) working simultaneously as authorized entrants in a confined space		

### 2. HAZARD ASSESSMENT

Check all real or potential **PHYSICAL** hazards.

Check all real or potential **ATMOSPHERIC** hazards

(Complete Initial Evaluation in Atmospheric Testing Table)

- |   |  |
|---|--|
| <input type="checkbox"/> Engulfment         | <input type="checkbox"/> Exposed electricity         |
| <input type="checkbox"/> Moving machinery   | <input type="checkbox"/> Slips/Falls                 |
| <input type="checkbox"/> Hazardous material | <input type="checkbox"/> Heat stress (steam/radiant) |
| <input type="checkbox"/> Converging walls   | <input type="checkbox"/> Other                       |

- |  |  |
|--|--|
| <input type="checkbox"/> Low Oxygen (<19.5)  | <input type="checkbox"/> Carbon monoxide (>35ppm)  |
| <input type="checkbox"/> High Oxygen (>23.5) | <input type="checkbox"/> Hydrogen sulfide (>10ppm) |
| <input type="checkbox"/> Flammable (>10%LEL) | <input type="checkbox"/> Other                     |

No Physical  
 Hazard(s)

### 3. HAZARD CONTROLS

Will any **PHYSICAL** hazards be *eliminated* by the following?

- Lockout/ Tagout (electrical)
- Blanking & Bleeding (hydraulic & pneumatic)
- Disconnecting (mechanical linkages)
- Securing (moving parts)
- Other:

Will any **ATMOSPHERIC** hazard(s) be *controlled* by continuous ventilation?

- Space will be ventilated continuously during entry. (Required for manholes)
- Fan's flow rate = \_\_\_\_\_ cfm

### 4. ATMOSPHERIC TESTING

(Must monitor space continuously-Record test results every 30 minutes)

Gas	Acceptable Conditions	Actual Reading	Time:	Time:	Time:	Time:	Time:	Time:	Time:
Oxygen (O2)	>19.5% to <23.5%								
Flammable	<10% LEL								
Carbon Monoxide	<35 ppm								
Hydrogen Sulfide	<10 ppm								
Other:									

Monitor Model:

Serial No:

Date Calibrated:

Calibration Due Date:

### 5. AUTHORIZATION TO ENTER

PERMIT REQUIRED AUTHORIZED ENTRY (print name)

Entrant: \_\_\_\_\_  
Signature: \_\_\_\_\_

Attendant: \_\_\_\_\_  
Signature: \_\_\_\_\_

Entry Supervisor: \_\_\_\_\_  
Signature: \_\_\_\_\_

#### Communication Equipment

- Voice       Sight
- Radio       Other

#### Personal Protective Equipment

- Ear               Hard Hat
- Foot             Respirator
- Eye              Other

UT Southwestern Medical Center Office of Environmental Health & Safety requires workers to perform **NON-ENTRY RESCUE ONLY**

Safety Harness & line (non-entry rescue equipment)

Tripod & hoist (used for spaces greater than 5 feet in dept)

