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

University of Connecticut
CONFINED SPACE ENTRY PERMIT

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

1

LOCATION & DESCRIPTION of Confined Space _____ **DATE & TIME** Issued _____

EXPIRATION_____

PURPOSE OF ENTRY _____ Approval for **WELDING/CUTTING Y N**

POTENTIAL HAZARDS of Space _____

HAZARDS INTRODUCED in Space _____

2

DEPARTMENT_____ **ENTRY APPROVER** _____

Authorized **ENTRANT(S)** _____

Authorized **ATTENDANT(S)** _____

3

SPECIAL REQUIREMENTS	Required Y	Required N	Completed Y	Completed N		Required Y	Required N	Completed Y	Completed 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 CO_2)				
Secure area or work zone (Post & Flag)					Personal Protective Equipment **(list below)**				
Water pumps					Means of Communication **(indicate below)**				
GFCI protection					Group Lockout-Tagout Box Secured? *			◯	
Trailing Rope from entrance _____feet req'd					OTHER:				

Indicate Energy Sources Isolated:

PPE required above:

Communication to call Rescue: Radio ☐ Cell Phone ☐ | **Communication to Entrant:** Radio ☐ Verbal ☐ Hand signals ☐ Other_____

4

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

Air monitoring remarks:

5

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 or email)

EMERGENCY PROCEDURES: Radio/Phone Work Order Control (6-3113)
OR
911

* To be checked off “as completed” by Attendant after all group lockouts are performed and lock keys are secured inside lockout box.
**L.E.L. Lower Explosive Limit