

UNIVERSITY OF SOUTH ALABAMA CONFINED SPACE ENTRY PERMIT

Location: _____
 Permit Start Date: _____ Permit Start Time: _____
 Permit Expiration Date and Time: _____
 Purpose of Entry: _____
 Entry Supervisor and Company Name: _____

University Employees Assigned:

Contractor Employees Assigned:

ENTRY REQUIREMENTS:

	Yes	No		Yes	No
Lock-Out/De-energized	()	()	Harness/Lifeline*	()	()
Lines Broken/Blanked	()	()	Barricades/Warning Signs	()	()
Forced Ventilation*	()	()	Fire Extinguisher*	()	()
Supplied Air Available *	()	()	Lighting (12V) *	()	()
Protective Clothing*	()	()	Respirator*	()	()
Vessel cleaned/Purged	()	()	Communication Equipment*	()	()
Ground Fault Circuit*	()	()	Security Notified	()	()
Hot Work Required	()	()	Environ. Control Notified	()	()
Workers Briefed of Hazards	()	()			

(*Provided by contractor)}

ATMOSPHERIC TESTING

Oxygen Level: _____ (19.5-23.5%) Explosive: _____% (LEL < 10%)

Continuous Air Monitoring: Recorded every 30 minutes (If needed use continuation page)

Time							
Oxygen Level							
Flammable Vapors							
Toxic Vapor ()							

Instrument Type and Tester's Name: _____

SPECIAL PRECAUTIONS/HAZARDS: _____

If confined space is left unattended for 30 minutes or more, air monitoring must be re-established BEFORE re-entry is made. Permits must be completed originals--no copies are acceptable.

ENTRY AUTHORIZATION: _____ DATE: _____ TIME: _____
 (Signature)

Print Name: _____

(Continuation page)

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