



FORM

Standard: **Confined Space**

BLANK ENTRY PERMIT

Entry Date: _____; Job Start Time: _____; Job Completion Time: _____

Description of Work to be Performed:

THIS PERMIT IS VALID FOR 8 HOURS OR UNTIL THE JOB COMPLETION TIME, WHICHEVER COMES FIRST

Description of Space

Permit Required

Confined Space ID	Description of Space	Classification
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Building Number	Building Name/Address	Location of Confined Space
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Entry Checklist

Potential Hazards Identified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Communications Established with Operations Center	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hazard Assessment Reviewed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Entrants and Attendants Trained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Area Secured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Major Hazards Identified:

1	5
2	6
3	7
4	8

Confined Space Equipment and PPE Used During Entry

- Work Boots
- Hard Hat
- Safety Harness
- 4 Gas Meter
- Rescue Retrieval System
- 2-Way Radio

Initial Air Monitoring Results Prior to Entry

Acceptable Entry Conditions:

- All hazards identified and controlled
- O2 19.5% - 23.5%
- H2S < 10ppm
- LEL < 10%
- CO < 35 ppm

Monitor Type: _____; Serial Number: _____

Time: _____% ; Oxygen: _____% ; LEL: _____% ; CO: _____% ; H2S: _____%

Calibration Performed? YES NO; Initials: _____

Prohibited Conditions? YES NO

Monitoring Performed By (sign): _____; Date: _____; Time: _____

Continuous Air Monitoring Results

Time _____% ; Oxygen: _____% ; LEL: _____% ; CO: _____% ; H2S: _____%

: _____% ; Oxygen: _____% ; LEL: _____% ; CO: _____% ; H2S: _____%

Time _____% ; Oxygen: _____% ; LEL: _____% ; CO: _____% ; H2S: _____%

: _____% ; Oxygen: _____% ; LEL: _____% ; CO: _____% ; H2S: _____%

Time _____% ; Oxygen: _____% ; LEL: _____% ; CO: _____% ; H2S: _____%

: _____% ; Oxygen: _____% ; LEL: _____% ; CO: _____% ; H2S: _____%

Time _____% ; Oxygen: _____% ; LEL: _____% ; CO: _____% ; H2S: _____%

: _____% ; Oxygen: _____% ; LEL: _____% ; CO: _____% ; H2S: _____%

Authorization

For any emergency or unacceptable entry condition, contact the UOS Emergency Operations Center via 2-way radio or call 617-495-5560.

We have reviewed the work authorized by this permit and the information contained here-in. Written instructions and safety procedures have been reviewed and are understood. All requirements for entry were met including the verification of acceptable entry conditions and the use of required PPE and entry equipment.

Entrant's Name: _____; Signature: _____; Date: _____

Entry Supervisor's: _____; Signature: _____; Date: _____

Attendant's Name: _____; Signature: _____; Date: _____