



# Confined Space Permit

Environmental Health and Safety

Building: \_\_\_\_\_

Building ID Number: \_\_\_\_\_

Department: \_\_\_\_\_

Contractor: \_\_\_\_\_ Employee Name: \_\_\_\_\_

U of C Employee: \_\_\_\_\_

Permit Required Confined Space     Reclassification     Alternate Entry Procedures

Floor: \_\_\_\_\_

Room Number: \_\_\_\_\_

### Type of Space

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> <b>Air Handling Units/Systems</b> | <input type="checkbox"/> <b>Manhole</b> | <input type="checkbox"/> <b>Pits</b>        | <input type="checkbox"/> <b>Other</b>  |
| <input type="checkbox"/> Supply                            | <input type="checkbox"/> Sewer          | <input type="checkbox"/> Equipment Pit      | <input type="checkbox"/> Utility Vault |
| <input type="checkbox"/> Exhaust                           | <input type="checkbox"/> Chemical       | <input type="checkbox"/> Elevator Pit       | <input type="checkbox"/> Pipe Chase    |
| <input type="checkbox"/> Duct                              | <input type="checkbox"/> Storm          | <input type="checkbox"/> Neutralization Pit | <input type="checkbox"/> Tunnel        |
| <input type="checkbox"/> Other                             | <input type="checkbox"/> Other          |   | <input type="checkbox"/> Tank/Vessel   |
|  |   |   | <input type="checkbox"/> Storage Bin   |
|  |   |   | <input type="checkbox"/> Boiler        |

Description: \_\_\_\_\_

### Potential Hazards

- |  |   |
|--|---|
| <input type="checkbox"/> Unsafe to Remove Cover  | <input type="checkbox"/> Mechanical   |
| <input type="checkbox"/> Excess pressure could blow cover off during removal             | <input type="checkbox"/> Fan blades and/or agitator   |
| <input type="checkbox"/> Pressurized chemicals   | <input type="checkbox"/> Unguarded energized equipment                                      |
| <input type="checkbox"/> Vacuum  | <input type="checkbox"/> Pinch points   |
| <input type="checkbox"/> Extreme heat/steam  | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Oxygen deficient atmosphere (<19.5% O <sub>2</sub> )            | <input type="checkbox"/> Material harmful to skin   |
| <input type="checkbox"/> Flammable gases or vapors (>10% LEL)                            | <input type="checkbox"/> Airborne combustible dust  |
| <input type="checkbox"/> Oxygen enriched atmosphere (>23.5% O <sub>2</sub> )             | <input type="checkbox"/> Electrical   |
| <input type="checkbox"/> Other toxic gases or vapors greater than established PEL        | <input type="checkbox"/> Temperature extremes   |
| List if known: _____   | <input type="checkbox"/> Hanging materials which could fall                                 |
| <input type="checkbox"/> Combustion byproducts (flue gas, CO, CO <sub>2</sub> )          | <input type="checkbox"/> Noise  |
| <input type="checkbox"/> Entrapment (sloping shape that could trap a person)             | <input type="checkbox"/> Decaying waste (sewage, stagnant water, H <sub>2</sub> S, methane) |
| <input type="checkbox"/> Engulfment (space contains material which could engulf entrant) | <input type="checkbox"/> Other hazardous materials depending on area being exhausted        |

### Atmospheric Testing

Date: \_\_\_\_\_ Time: AM PM Sampled By: \_\_\_\_\_

Oxygen: % Hydrogen Sulfide: ppm

Combustibles: % Carbon Monoxide: ppm

Other: \_\_\_\_\_

Date: \_\_\_\_\_ Time: AM PM Sampled By: \_\_\_\_\_

Oxygen: % Hydrogen Sulfide: ppm

Combustibles: % Carbon Monoxide: ppm

Other: \_\_\_\_\_

Instrument Type: \_\_\_\_\_

Model Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Safety Officer: \_\_\_\_\_

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

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

**THIS IS AN INITIAL ASSESSMENT, HAZARDS CAN CHANGE. ALWAYS RE-EVALUATE SPACES PRIOR TO ENTRY. PERMIT EXPIRES ON: \_\_\_\_\_**