Confined Space Permit
Environmental Health and Safety

Building:
Contractor: __________________________ Employee Name: _________________________________

Building ID Number:
U of C Employee: ______________________________________________________________________

Permit Required Confined Space ☐ Reclassification ☐ Alternate Entry Procedures

Department: Floor: Room Number:

Type of Space

☐ Air Handling Units/Systems ☐ Manhole ☐ Pits ☐ Other
☐ Supply ☐ Sewer ☐ Equipment Pit ☐ Ejector Pit ☐ Utility Vault
☐ Exhaust ☐ Chemical ☐ Elevator Pit ☐ Other ☐ Pipe Chase
☐ Duct ☐ Storm ☐ Neutralization Pit ☐ Other ☐ Tunnel
☐ Other ☐ Neutralization Pit ☐ Other ☐ Other Tank/Vessel

Description:

Potential Hazards

☐ Unsafe to Remove Cover
☒ Excess pressure could blow cover off during removal
☐ Pressurized chemicals
☐ Vacuum
☐ Extreme heat/steam
☐ Oxygen deficient atmosphere (<19.5% O₂)
☐ Flammable gases or vapors (>10% LEL)
☐ Oxygen enriched atmosphere (>23.5% O₂)
☐ Other toxic gases or vapors greater than established PEL
List if known: ________________________________________________
☐ Combustion byproducts (flue gas, CO, CO₂)
☐ Entrapment (sloping shape that could trap a person)
☐ Engulfment (space contains material which could engulf entrant)

☐ Mechanical
☒ Fan blades and/or agitator
☐ Unguarded energized equipment
☐ Pinch points
☐ Other
☐ Material harmful to skin
☐ Airborne combustible dust
☐ Electrical
☐ Temperature extremes
☐ Hanging materials which could fall
☐ Noise
☐ Decaying waste (sewage, stagnant water, H₂S, methane)
☐ Other hazardous materials depending on area being exhausted

Atmospheric Testing

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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: ________________