

# University Of Pittsburgh CONFINED SPACE ENTRY PERMIT

**PERMIT ISSUED :** \_\_\_\_\_ **PERMIT EXPIRES :** \_\_\_\_\_

SITE LOCATION & DESCRIPTION: \_\_\_\_\_

PURPOSE OF ENTRY: \_\_\_\_\_

Supervisor/Foreman	Phone No.	Craft	Supervisor/Foreman	Phone No.	Craft

**BOLD DENOTES MINIMUM REQUIREMENTS TO BE COMPLETED & REVIEWED PRIOR TO ENTRY**

REQUIREMENTS COMPLETED	YES	NO	REQUIREMENTS COMPLETED	YES	NO
<b>Lock Out/De-Energize/Try-Out</b>			<b>Full Body Harness w/"D" ring</b>		
<b>Line(s) Broken-Capped-Blanked</b>			<b>LifeLines</b>		
<b>Purge-Flush and Vent</b>			Fire Extinguishers		
<b>Ventilation</b>			Lighting / GFCI		
<b>Secure Area (Post &amp; Flag)</b>			Protective Clothing		
<b>Breathing Apparatus</b>			Respirator(s) (Air Purifying)		
<b>Barricade</b>			Burning and Welding Permit		
<b>Emergency Escape Retrieval Equip.</b>					

*NOTE: Items that do not apply, enter "N/A" in the blank.*

CONTINUOUS MONITORING TEST(S) TO BE TAKEN	PERMISSIBLE ENTRY LEVEL	<u>Record Results Periodically</u>					
<b>Percent of OXYGEN</b>	<b>19.5%-23.5%</b>						
<b>Lower Flammable Limit</b>	<b>&lt; 10%</b>						
<b>TOXIC Atmosphere</b>	<b>ppm*</b>						
Carbon Monoxide	ppm *						
Hydrogen Sulfide	ppm *						
Acid Fumes	ppm *						
Organic Vapors	ppm *						

*\*Entry and work duration limits to be established prior to entry.*

**REMARKS:**

<u>Atmosphere Tester</u>	<u>Instrument(s) - Model/Type - Serial/Unit No.</u>

  

Entrants	SS#	Date / Time	Attendants	SS#	Date / Time

<u>Authorizing Supervisor</u>	<u>Phone No.</u>	<u>Date /Time</u>	<u>Department</u>	<u>Emergency/Rescue Phone No.</u>
				<b>In Emergency Call Campus Police at 412-624-2121</b>