



UTHealth

The University of Texas
Health Science Center at Houston

CONFINED SPACE ENTRY PERMIT

Permit Number: _____ Date: _____

Confined Space ID# & Location: _____

Description of Confined Space: _____

Purpose of Entry: _____

Scheduled Start: _____ (Day / Date / Time) Expected Finish: _____ (Day / Date / Time)

UT Entry Supervisor: _____ Phone: _____

Entrant(s): _____

Attendant(s): _____

Work to be performed: _____

Pre-Entry Authorization: I certify that all entrants and attendants have been properly trained on the hazards inherent in all confined spaces and specifically presented in the case of this entry: **Signature of Entry Supervisor:** _____

Safety Precautions:

- | | | |
|---|---|---|
| <input type="checkbox"/> Barricade Job Area | <input type="checkbox"/> Signs Posted | <input type="checkbox"/> Ventilation |
| <input type="checkbox"/> Lighting | <input type="checkbox"/> Lockout/Tagout | <input type="checkbox"/> Blocking/Blinding |
| <input type="checkbox"/> Bonding of equipment | <input type="checkbox"/> Lifeline & Full Body Harness | <input type="checkbox"/> Respirators |
| <input type="checkbox"/> Fire Extinguishers | <input type="checkbox"/> Fire-Retardant Clothing | <input type="checkbox"/> Self Contained Breathing Apparatus |
| <input type="checkbox"/> Ground Fault Interrupter | <input type="checkbox"/> Purging | |
| <input type="checkbox"/> Other _____ | | |

Communication system to be used between attendant and entrant: _____

Allowable Environmental Conditions: % Oxygen: 19.5% - 23.5%; % LEL: No more than 10%; H₂S: 2 ppm; CO: 35 ppm; Other: Any toxics that may exist in or be introduced to the confined space must be tested for and be present at levels lower than OSHA PEL's.

Environmental Conditions at time of entry: Time of Test: _____ % Oxygen: _____

% LEL: _____ % H₂S: _____ % CO: _____ Other: _____

Environmental Conditions retest: Time of Test: _____ % Oxygen: _____

% LEL: _____ % H₂S: _____ % CO: _____ Other: _____

Instrument(s) Used: _____ Employee conducting Test: _____

Entry Authorization: All actions and/or conditions required for safe entry and work into the designated confined space have been performed to my satisfaction. Signature: _____ Name: _____ Date: _____	
Entry Completion: Entry has been completed and all entrants have exited permit space. All equipment has been removed from the space and all equipment has been returned to service. Signature: _____ Name: _____ Date: _____	
Permit Cancellation: Satisfactory completion of all actions and or conditions required for safe entry has NOT been completed. Work is not allowed to begin or is being stopped to prevent injury and illness to workers. Signature: _____ Name: _____ Date: _____	

CALL 911 IMMEDIATELY IN THE EVENT OF AN EMERGENCY