

UNL Confined Space Program
Form EHS-CSP-02 (11/99)
PERMIT FORM FOR PERMIT SPACE ENTRY

This form must be completed for all permit space entries, and must be posted at the site of entry. It is to be completed by a Confined Space Entry Supervisor. See also Section 2.6 of the UNL Confined Space Program (CSP) document. General entry procedures are described in Appendix F of the UNL CSP document. **If assistance is needed for monitoring or completion of this permit, contact EHS at 2-4925.**

Date: _____ Time issued: _____ Time expired: _____

Location: _____ Space number: _____

Reason for space entry: _____

Entry authorized by: _____ Phone: _____
(Entry Supervisor)

SECTION I - Personnel (Attach list if necessary)		
Your signature indicates you have been trained on the hazards of this space, your duties, and precautions you must take for this entry.		
Position	Name	Signature
Entry Supervisor		
Attendant		
Attendant		
Entrant		
Entrant		
Entrant		
Entrant		

SECTION II – Isolation of Energy Sources			
Equipment	How isolated	Location of isolation	Initials

SECTION III - Entry Requirements						
(Refer to Section 2.7 of the CSP document for more information)						
Entry requirement	Required	Checked	Personal Protective Equipment	Required	Checked	
Communications Equipment			Eye Protection (Specify Type)			
Ventilation Equipment			Respiratory Protection (Specify Type)			
GFCI Protected Electrical			Hearing Protection			
Explosion Proof Lighting			Gloves (Type)			
Non-Sparking Tools			Boots (Type)			
Ladders			Clothing (Type)			
Fall Protection			Comments: 			
Barricades						
Continuous Monitoring Equipment To Be Worn During Entry (Specify Type)				Hard Hat		
				Other		
			Other			

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SECTION IV - Atmospheric Testing

See Appendix E of the UNL CSP document for more information about atmosphere testing.

Testing Equipment Used	Model	I.D. Number

I certify equipment is in calibration. _____ Phone: _____
 (Signature of tester)

Atmospheric testing	Initial check		Pre-entry		Periodic re-check (Reading at least every 30 minutes.)					
	Need ?	Time: _____ Results/Initials	Need ?	Time: _____ Results/Initials	Need ?	Time: _____ Results/Initials	Time: _____ Results/Initials	Time: _____ Results/Initials	Time: _____ Results/Initials	Time: _____ Results/Initials
Oxygen (19.5% - 23.5%)	Yes									
Combustibles <10% LEL	Yes									
Carbon Monoxide	Yes									
Hydrogen Sulfide < 2ppm	Yes									
Dust (visibility > 10 ³)										
Other (list)										
Other (list)										
Other (list)										

SECTION V - Emergency Action

In the event of a confined space emergency call 9-911 if using a campus phone or 911 if using a cellular. Provide detailed information to the emergency operator letting them know it is a confined space emergency, the specifics of the emergency, and location of the emergency. Note any additional requirements or emergency: _____

SECTION VI - Permit Cancellation

Permit Cancelled by: _____ Date: _____ Time: _____

Permit was canceled because (check one): ___ Work has been completed ___ The permit has expired ___ Emergency (specify) _____

Please forward a copy of the cancelled permit to EHS, 3630 East Campus Loop, 0824.