

## University of Tennessee, Knoxville Confined Space Entry Permit

***This form must be completed prior to entry of the confined space and posted near the entry opening. Upon completion of the project or expiration of a permit, file this form in your departmental central file and send a copy to EHS.***

### Part A

Location:	Type of Space:
Reason for entry	
Beginning Date (Time):	( ) AM or PM
Ending Date (Time):	( ) AM or PM

### Authorized Personnel

Entrant(s) Name and Department	Attendant(s) Name and Department

### Safety & Hazard Controls

Safety Equipment/Requirements	Yes	No	Personal Protective Equipment	Yes	No
Area Secure and Signs Posted			Air Purifying Respirator (Type)		
Pipelines Purged or Flushed			Safety Glasses or Goggles		
Communication Equipment			Hard Hat		
Gas Detector			Chemical Resistant Clothing		
Fire Extinguisher			Protective Boots and/or Gloves		
Ground Fault Circuit Interrupt			Monitoring Equipment		
Lighting (Explosion-Proof if needed)			Other		
Lockout/Tagout					
Pipelines Capped or Blanked					
Fall Protection (personal or otherwise)					
Ladders					
Non-Sparking Tools					
Mechanical Ventilation					

### Tests Performed

Time/Date	% LEL (10%)	% O <sub>2</sub> (19.5-23.5%)	H <sub>2</sub> S (PEL 10ppm)	CO (PEL 35ppm)	Tester's Initials	Instrument	Calibration Date

<b>Supervisor Authorizing Entry</b>	<b>Signature</b>	<b>Date</b>	<b>Phone #</b>
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**\*Complete back side of this permit (Part B) when work is complete**

**Part B**

<b>Action</b>	<b>Complete</b>
1. All tools and equipment have been removed from the confined space	
2. All guards, interlocks, caps, safety devices, etc. in the space have been replaced	
3. All entrants have exited the space	
4. All warning signs removed	
5. All confined space entry barriers removed	
6. Confined space entry point has been secured (e.g. door locked, hatch secured, manhole cover replaced)	
7. Lockout/tagout devices (tags, locks, blocks, ) removed – if applicable	
8. Notify others that equipment has been returned to service –if applicable	
9. Re-energize equipment (e.g. steam lines, gas lines, electrical lines) if applicable	
10. Sign the confined space entry permit	
11. Other	

**Work in the confined space has been completed:**

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_