## A. Space Description
1. Type of confined space
2. ID #____________________________________________________________
3. Location________________________________________________________________________
4. Entry Purpose________________________________________________________________________
5. Hazard Identification________________________________________________________

## B. Personnel
The following person(s) trained in confined space procedures are assigned work in connection with a confined space entry, in accordance with this permit:

9. Entrants: Name (Printed) Name (Printed)

10. Attendants: Name (Printed) Name (Printed)

## C. Type of Entry

11. Permit-Required Confined Space (See Section G)

12. Alternate entry
   a. _____All employees trained
   b. _____Atmospheric hazard (identify)______________________________
   c. _____Atmospheric data available
   d. _____Ventilation and monitoring without entry
   e. _____Space atmosphere tested/no hazardous atmosphere
   f. _____Continuous ventilation during entry
   g. _____Continuous monitoring during entry

13. Reclassify space from Permit to Non-permit
   a. _____No atmospheric hazard present
   b. _____All other hazards eliminated before entry (list)__________________

________________________________________
Signature of Entry Supervisor

## D. Safety Requirements

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Date/Time</th>
<th>Checked By</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.</td>
<td>Area secured</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Piping disconnected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Energy sources and mechanical hazards locked/tagged out</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Cleaning (flushing/washing) done</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Required purging or venting done</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Sources of ignition controlled</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Cutting, welding permit obtained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Use of hazardous or flammable materials approved</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### E. Tests

<table>
<thead>
<tr>
<th>Test to be Taken</th>
<th>Limit</th>
<th>Test Results</th>
<th>Equip. Name</th>
<th>Serial No.</th>
<th>Cal. Date</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of OXYGEN (O₂)</td>
<td>19.5-23.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of LEL flammable concentrations</td>
<td>&lt;10%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CARBON MONOXIDE (CO)</td>
<td>&lt;25 ppm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HYDROGEN SULFIDE (H₂S)</td>
<td>&lt;10 ppm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TIME</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Continuous/periodic tests shall be established before starting job. Any questions pertaining to test requirements, contact your supervisor, safety officer, or IU Environmental Health & Safety. Note hazardous conditions under Section A, #5.

### F. Personal Protective and Safety Equipment

- Retrieval line/hoist
- Hard hat
- Safety harness
- Hearing protection
- Eye/foot protection
- Fire extinguisher
- GFI In Wet Environment
- Gas/Oxygen/Toxicity Detector(s)
- Ventilation equipment
- Respirators (specify): ____________________________
- Protective clothing (specify): ____________________
- Gloves (specify): _________________________________
- Communication equipment (specify): ________________
- Others (specify): ________________________________

### G. Entry Procedures

- Attendant understands duties
- Entrant understands exit requirements
- Attendant has communication to rescue personnel
- Entrant has lifeline
- Rescue plan is in place
- Pre-Entry Briefing: We have reviewed this permit and are aware of the hazards and precautions necessary for performing the designated work in the confined space authorized by this permit: (Signed by all entrants & attendants)

Name (Signature) ____________________________ Name (Signature) ____________________________

Certification: I certify that all existing and potential hazards have been evaluated, necessary protective measures have been taken, and acceptable environmental conditions exist:

Printed Name: ____________________________ Signed: ____________________________ Date: ________________

(Entry Supervisor)

Emergency Phone Numbers 9-911 Other: Rescue Team __________________ Police __________________ Fire __________________

Permit Cancelled/Closed at: ________________ on: ________________ by: ____________________________

(Entry Supervisor)

Comments: ______________________________________________________________________________________
__________________________________________________________________________________________________