



University of Massachusetts

Confined Space Entry Permit

Location and Description of Confined Space:				Permit No.	
				Confined Space #	
Purpose of Entry				Date/Time of Issuance**	
Department		Work Order No.		Date/Time Completion	
1. Supervisor/Project Manager		Attendant(s)		Authorized Entrants/Occupants	
2. Qualified Person/Confined Space Monitor					
1.		1.		1.	
2.		2.		2.	
Special Precautions		YES	NO	Special Precautions	
Lockout/Tagout Completed				Full Body Harness	
Lines Broken/Capped or Blanked				Tripod Emergency Escape Unit	
Portable Radio/Cellular Phone				Safety Line	
Ventilation (explosion proof when required)				Fire Extinguishers (4-A:60-BC or greater)	
Secure Area w/cones, barricades and/or staff				Lighting (explosion proof when required)	
Appropriate Personal Protective Equipment				Hot Works Permit (remove combustibles/sparks)	
Notification to a Central Office				Ground Fault Circuit Interrupters	
Tests Required Prior/During (Valid for duration of Task)		Entry Prohibited If Following Exists		Date: Reading: Time:	
% Oxygen		<19.5% OR >23.5%			
% of Lower Explosive Limit		Any Over 10%			
Carbon Monoxide		Over 35 ppm			
Hydrogen Sulfide		Over 10 ppm			
<u>Other Tests:</u>					
UNUSUAL CONDITIONS			ADDITIONAL PRECAUTIONS		
Monitoring Equipment Used: (Name/Model)					
Any questions contact Physical Plant Safety Office at 5-6043 OR EH&S (5-2682)					

PERMIT SHALL BE POSTED AT JOB SITE UNTIL JOB IS COMPLETE

**Permit (with adequate monitoring and hazard evaluation) valid for up to one (1) working shift.

In case of FIRE or MEDICAL EMERGENCY:

Radio your central office or call: 911

Signature Supervisor/Project Manager

Signature of Entrant/Occupant

Forms: **White**—Post at Job Site **Yellow**—Extra Copy **Pink**—EH&S **Gold**—Project Supervisor