

University of Maine Confined Space Entry Permit

Date Start Time AM PM **Emergency #** (notified prior to entry
 Location of Work: Phone number: c

Nature of Work (describe):

Personnel Trained In	Y	N	NA		Y	N	NA
Emergency Entry & Exit Procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Appropriate Respirators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rescue Procedures & First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When & How to Exit the Space	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Use of Confined Space Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Review of Material Data Sheets (MSDS's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Means of Communication	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
How hazards are Controlled	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Non-routine Tasks _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signs & Symptoms of Chemical Exposure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lockout Tagout Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safe Work Practices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Potential Confined Space Hazards	Y	N	NA		Y	N	NA
Oxygen Deficient/Enriched Atmosphere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flammable/Explosive Atmosphere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Humidity/Temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxic Gases/Fumes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chemical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Confined Space Preparation Checklist	Y	N	NA		Y	N	NA
Blanking/Disconnecting Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full Body Harness w/'D' Ring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electrical Lockout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Escape Retrieval Equip.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Lockout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purge-Flush & Vent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secure Area (barcade, post & flag)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lighting (explosion proof)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calibrated of Confined Space Meter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Protective Clothing _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forced Air Ventilation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Respirator(s) (air purifying)/supplied air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breathing Apparatus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Burning & Welding Permit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ground Fault Protection (GFCI)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hazards Identified & Explained	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Authorized Attendant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fall Protection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area Free of Flammables, Toxic Chemicals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				Communication System Tested/On-site	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Meter Bump Check Meter Serial Number
 Conducted by (print name):

Bump Check Readings:	%O ₂	%LEL	H ₂ S (ppm)	CO (ppm)	Other Toxic:

Atmospheric testing shall be continuous throughout entry - document the readings every two hours

Time	%O ₂ <i>19.5 - 23.5 %</i>	%LEL <i><10%</i>	H ₂ S <i>< 10 ppm</i>	CO <i>< 35 ppm</i>	Other Toxic Gases/Fumes: <i>< 2 ppm</i>	Initials

Name (print clearly)	Signature
Entry Supervisor: _____	_____
Attendant: _____	_____
Entrant: _____	_____
Entrant: _____	_____
Entrant: _____	_____
Entrant: _____	_____

Authorization/Approval (Director, Manager, or Supervisor): _____ Date: _____

This permit cannot be issued for a time period exceeding one uninterrupted work shift.