Penn
UNIVERSITY *of* PENNSYLVANIA

CONFINED SPACE ENTRY PERMIT

Permit Number _____ Date _____

Location & Description of Confined Space:

_____

_____

Purpose of Entry:

_____

_____

Scheduled Start _____	a.m. p.m.	
Day / Date / Time		
Scheduled Finish _____	a.m. p.m.	
Day / Date / Time		

Employee(s) in charge of entry: _____

Entrants:

_____

_____

Attendants:

_____

_____

Pre-Entry Authorization by Director of Facilities   **SIGNATURE**: _____

{Check those items below which are applicable to your confined space permit.}

TYPES OF HAZARDS

❑ Oxygen-Deficient Atmosphere
❑ Oxygen-Enriched Atmosphere
❑ Welding/Cutting

❑ Engulfment
❑ Toxic Atmosphere
❑ Flammable Atmosphere
❑ Heat

❑ Energized Electrical Equipment
❑ Entrapment
❑ Hazardous Chemical

Note: If welding/cutting operations are to be performed, attach hot work permit to entry form.

SAFETY PRECAUTIONS

❑ Communications established with rescue provider
❑ Respiratory Protection (Describe in remarks)
❑ Fire-Retardant Clothing
❑ Ventilation
❑ Remarks

❑ Barricades
❑ Heat assessment & control
❑ Lockout/Tagout
❑ Fire Extinguishers

❑ PPE - Eyes, hands, feet. head, hearing, skin, etc.
❑ Rescue Equipment (Harness, tripod & winch)
❑ Lighting
❑ Ground Fault Circuit Interrupter (GFCI)

ENVIRONMENTAL CONDITIONS

TESTS TO BE TAKEN	DATE / TIME		RE-TESTING	DATE / TIME
Oxygen: _____%	_____a/p		Oxygen: _____%	_____a/p
Lower Explosive Limit: _____%	_____a/p		Lower Explosive Limit: _____%	_____a/p
Hydrogen Sulfide:_____ppm	_____a/p		Hydrogen Sulfide: _____ppm	_____a/p
Carbon Monoxide: _____ppm	_____a/p		Carbon Monoxide _____ppm	_____a/p

Employee Conducting Safety Checks **SIGNATURE**: _____

Remark on the overall condition of the confined space.

_____

_____

_____

ENTRY AUTHORIZATION	ENTRY CANCELLATION
All actions and/or conditions for safe entry have been performed.	Entry has been completed and all entrants have exited permit space.
Person in Charge of Entry _____	Person in Charge of Entry _____
PLEASE PRINT	PLEASE PRINT