## UNIVERSITY OF SOUTH ALABAMA CONFINED SPACE ENTRY PERMIT

Location:							
	it Start Date: Permit Start Time:						
Permit Expiration Date and Tin							
Purpose of Entry:							
Entry Supervisor and Company	/ Name:						
University Employees Assigned:		Contractor Employees Assigned:					
	_						
ENTRY REQUIREMENTS:							
	Yes	No			Yes	No	
Lock-Out/De-energized	()	()	Harness/Lifelir		()	()	
Lines Broken/Blanked Forced Ventilation*	()	()	Barricades/Wa Fire Extinguish Lighting (12V)	arning Signs	()	()	
Supplied Air Available *	()	()	Lighting (12)	*	() ()	()	
Protective Clothing*	()	()	Respirator*		()	()	
Vessel cleaned/Purged	()	()	Communicatio	n Equipment*	()	()	
Ground Fault Circuit*	()	()	Security Notifi		()	()	
Hot Work Required	()	()	Environ. Contr		()	()	
Workers Briefed of Hazards	Ć	()					
		(*Prov	ided by contractor)}				
			-				
ATMOSPHERIC TESTING							
Oxygen Level:	_ (19.5-23.5%)		Explosive:	% (LEL <	10%)		
Continuous Air Monitoring: Re	corded every 3	30 minutes	(If needed use contin	uation page)			
Time							
Oxygen Level							
Flammable Vapors							
Toxic Vapor ( )							
Instrument Type and Tester's	Name:						
SPECIAL PRECAUTIONS/HAZA	RDS:						
If confined space is left unatter entry is made. Permits must b				t be re-establish	ed BEFC	DRE re-	
			DATE				
ENTRY AUTHORIZATION:		naturo)	DATE:	I IIVIE:			
	(Sigi	iature)					
Print Name: _							

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(Continuation page)

Permit Start Time:							
pany Name: _							
University Employees Assigned:			Contractor Employees Assigned:				
(19.5-23.	5%)	Explos	ve:	% (I	LEL < 10%)		
: Recorded ev	ery 30 minute	s (If ne	eded use co	ntinuation pag	ge)		
er's Name:							
	d Time: pany Name: _ gned:     (19.5-23. : Recorded ev	d Time: pany Name: gned: (19.5-23.5%) : Recorded every 30 minute	d Time: pany Name: gned: Contra gned: Contra	Permit Start Tir         d Time:	d Time:          pany Name:	Permit Start Time:         d Time:         pany Name:         gned:         Contractor Employees Assigned:	

## SPECIAL PRECAUTIONS/HAZARDS: \_\_\_\_\_

If confined space is left unattended for 30 minutes or more, air monitoring must be re-established BEFORE reentry is made. Permits must be completed originals--no copies are acceptable.

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ENTRY AUTHORIZATION: _		DATE:	TIME:
	(Signature)		

Print Name: \_\_\_\_\_