

UALR Confined Space Entry Permit

Complete Items 1-6 and Contact EHS for Completion & Authorization

1. Permit Space To Be Entered: _____

2. Purpose Of Entry: _____

3. Date of Entry and Duration of Permit: _____

4. Authorized Entrants _____

5. Attendant(s) _____

6. Name of On-Site Entry Supervisor(s) 1. _____ Time _____

2. _____ Time _____

Entry Supervisor who Originally Authorized Entry _____

Signature or Initials

7. Possible hazards of the permit space to be entered				8. Check or list the measures used to isolate the permit space and to eliminate or control permit space hazards before entry
Hazard	Yes	No	N/A	
A. Lack of oxygen				A. Purge-Flush and Vent
B. Combustible Gas				
C. Combustible Vapors				
D. Combustible Dusts				
E. Toxic Gases				B. Ventilation
F. Toxic Vapors				
G. Chemical Contact				C. Lockout/ Tag Out
H. Electrical Hazards				
I. Mechanical Exposure				D. Inerting
J. Temperature				
K. Engulfment				

UALR Confined Space Entry Permit

L. Entrapment				E. Blanking, Blocking, Bleeding
M. Oxygen Enrichment				
N. Others				F. External Barricades
				G. Confined Space Identification

**DO NOT DESTROY THIS PERMIT
AFTER CANCELLATION THIS ENTRY PERMIT MUST BE RETAINED BY
THE ENVIRONMENTAL HEALTH & SAFETY OFFICE FOR AT LEAST ONE YEAR**

9. Acceptable Entry Conditions

10. Test(s) To Be Taken	Permissible Entry Levels	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6
A. Percent of Oxygen	19.5% to 23.5%						
B. Lower Explosive Limit	<10%						
C. Carbon Monoxide	<35 ppm						
D. Hydrogen Sulfide	<10 ppm						
E.							
F.							
G.							
H.							
I.							
Name or Initials of Tester							
Test Times							

11. Rescue and Emergency Services Available:

Name	EHS	Name	DPS	Name	Little Rock Fire Dept.
Telephone	<u>371-7602</u>	Telephone	<u>569-3400</u>	Telephone	<u>911</u>

12. Communication procedures to be used by authorized entrants and attendants.

13. Equipment Supplied to the employee

Yes	No	N/A	Equipment	Description
			(i) Gas Test and Monitoring	Name Serial/Unit No. Model/Type
			(ii) Ventilating	
			(iii) Communications	
			(iv) Personal Protective	Safety Harness Head Hand With Life Lines Eye Foot

UALR Confined Space Entry Permit

			Equipment	Respiratory	Ear Face	Clothing
			(v) Lighting			
			(vi) Barriers/ Shields	Pedestrian	Vehicle	Other
			(vii) Safe Ingress/Egress		Ladders	
			(viii) Rescue and Emergency	Lifelines	Hoists	Inhalator Resuscitator
			(ix) Other Safety Equipment			

14. Other information for this particular confined space to ensure employee safety.

15. Additional Permits Required. Hot Work Other

THIS CONFINED SPACE ENTRY PERMIT HAS BEEN CANCELED:

BY _____ AM/PM _____
Entry Permit Supervisor Time Date