### SECTION I - Permit Type
- □ This is a "Permit-Required" Confined Space Entry
- □ This is a Certificate for a "Non-Permit Required" Confined Space Entry
  (i.e. this form is being used for precautionary purposes)

### SECTION II - General Information
- Confined Space #:
- Confined Space Type:
- Location:
- Purpose of Entry:
- Anticipated Permit Duration (Max=1 Shift):
- Date of Entry:
- Permit Start Time:
- Permit End Time:
- Supervisor:
- Phone #:

### SECTION III - Personnel (Attach List if Necessary)
- **Attendant**
- **Entrant**

**NOTE:** ATTENDANT(S) SHALL NEVER ENTER SPACE!

### SECTION IV - Hazards (Expected & Potential)

List All Hazard(s) Associated With This Entry (Refer to site specific "University of Vermont Confined Space Entry Information"):

### SECTION V - Pre-Entry Preparations
- □ Drained  □ Flushed  □ Inerted  □ Purged  □ Ventilated  □ Other ________  □ N/A
- Openings: □ Barricaded  □ Guarded  □ Flagged  □ Other ________  □ N/A
- Specify Procedures:

### SECTION VI - Equipment Isolation
- Equip. : □ LOTO  □ Other ________  □ N/A
- Lines : □ Bled  □ Blanked  □ Other ________  □ N/A
- Specify Procedures:

### SECTION VII - Communication
- □ Voice  □ Visual  □ Radio  □ Cell Phone  □ Rope Signals
- □ Hot Work  □ Health & Safety Plan
- □ Other  □ N/A
- Specify Procedures:

### SECTION VIII - Additional Safety Permits
- □ This is a Certificate for a "Non-Permit Required" Confined Space Entry
  (i.e. this form is being used for precautionary purposes)

**NOTE:** ATTENDANT(S) SHALL NEVER ENTER SPACE!

### SECTION IX - Confined Space Rescue/Emergency Response
- NOTIFY UVM SERVICE OPERATION SUPPORT (SOS) @ 656-2560 PRIOR TO & AT COMPLETION OF ENTRY - MANDATORY!
- □ Call Placed to SOS  Name of Caller: ______________________  Time Called: _______(Start)  Time Called: _______(End)

### SECTION X - Personal Protective Equipment (PPE)
- □ Head Protection: ______________________  □ Respiratory Protection: ______________________  □ Footwear: ______________________
- □ Hearing Protection: ______________________  □ Protective Clothing: ______________________  □ Face/Eye Protection: ______________________
- □ Arm/Hand Protection: ______________________  □ Other: ______________________  □ N/A

### SECTION XI - Safety Equipment
- □ Safety Harness/Lifeline (if>5')  □ Tripod/Winch  □ Davit  □ Other: ______________________  □ N/A

### SECTION XII - Atmospheric Monitoring

**********PLEASE REFER TO REVERSE SIDE FOR ATMOSPHERIC MONITORING**********

### SECTION XIII - Permit Cancellation
- Permit Ended/Canceled By: ______________________________  Date: ____________  Time: _______
- (Print)  (Signature)

Reason Permit Ended/Canceled: □ Work Completed  □ Permit Expired  □ Emergency Situation (Please Describe in Detail)

### SECTION XIV - Notes & Additional Comments

MANDATORY! : SEND A COPY OF THIS PERMIT TO: PPD TCO, ATTENTION SAFETY PROGRAMS COORDINATOR

**PLEASE FILL OUT BOTH PAGES OF THIS PERMIT COMPLETELY**

Revised 02/2013
## SECTION XII - Atmospheric Monitoring (Attach Additional Sheet(s) if Necessary)

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Acceptable Conditions</th>
<th>Continuous/Constant Monitoring</th>
<th>Pre-Entry Checks</th>
<th>After Ventilation and/or Isolation</th>
<th>Periodic Checks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxygen</td>
<td>19.5% - 23.5%</td>
<td>(Monitor Carried w/ Entrant at all Times)</td>
<td>(Top/Middle/Bottom)</td>
<td>(Top/Middle/Bottom)</td>
<td>(Top/Middle/Bottom)</td>
</tr>
<tr>
<td>LEL</td>
<td>&lt;10%</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>H2S</td>
<td>&lt;2 ppm</td>
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<td>CO</td>
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</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TIME**

**INITIALS**

## SECTION XIII - When entry is complete, the Supervisor shall sign off on the permit, and note reason for permit cancellation.

### TCO PERMIT REVIEW
(For Office Use Only)