

Old Dominion University Confined Space Entry Permit

1.	Permit Space To Be Entered										
2.	Purpose of Entry										
3.	Date of Entry and Duration of Permit										
4.	Authorized Entrants	<table style="width: 100%; border: none;"> <tr><td style="border-bottom: 1px solid black; width: 50%;"></td><td style="border-bottom: 1px solid black; width: 50%;"></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> </table>									
5.	Attendant(s)	<table style="width: 100%; border: none;"> <tr><td style="border-bottom: 1px solid black; width: 50%;"></td><td style="border-bottom: 1px solid black; width: 50%;"></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> </table>									
6.	Name of Current Entry Supervisor(s)	1. _____ Time _____	2. _____ Time _____								
	Entry Supervisor who Originally Authorized Entry	_____									

7. Possible hazards of the permit space to be entered				<i>Signature or Initials</i>
Hazard	Yes	No	N/A	
A. Lack of oxygen				8. Check or list the measures used to isolate the permit space and to eliminate or control permit space hazards before entry
B. Combustible Gas				
C. Combustible Vapors				
D. Combustible Dusts				A. Purge-Flush and Vent
E. Toxic Gases				
F. Toxic Vapors				B. Ventilation
G. Chemical Contact				
H. Electrical Hazards				C. Lockout/ Tag Out
I. Mechanical Exposure				
J. Temperature				D. Inerting
K. Engulfment				
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 ODU Dispatcher Name Norfolk Fire Department (HAZMAT)
 Telephone 683-4000 Telephone 911

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 Equipment	Safety Harness With Life Lines Respiratory Head Eye Ear Face Hand Foot 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 _____ Date
 Entry Permit Supervisor Time