

Old Dominion University Confined Space Entry Permit

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|----|--|---|---------------------|--|--|--|--|--|--|--|--|
| 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> | | | | | | | | | |
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| 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> | | | | | | | | | |
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| 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 | | | | |
| E. Toxic Gases | | | | A. Purge-Flush and Vent |
| F. Toxic Vapors | | | | B. Ventilation |
| G. Chemical Contact | | | | C. Lockout/ Tag Out |
| H. Electrical Hazards | | | | D. Inerting |
| I. Mechanical Exposure | | | | E. Blanking, Blocking, Bleeding |
| J. Temperature | | | | F. External Barricades |
| K. Engulfment | | | | G. Confined Space Identification |
| L. Entrapment | | | | |
| M. Oxygen Enrichment | | | | |
| N. Others | | | | |
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**DO NOT DESTROY THIS PERMIT
AFTER CANCELLATION THIS ENTRY PERMIT MUST BE RETAINED BY
THE ENVIRONMENTAL HEALTH & SAFETY OFFICE FOR AT LEAST ONE YEAR.**

