

**APPENDIX C: UNH PERMIT
PERMIT-REQUIRED CONFINED SPACE ENTRY**

SECTION A: GENERAL

Date _____ / _____ / _____ Start Time: _____ AM/PM End Time: _____ AM/PM
 Rescue Team: _____ Notification (method, date and time): _____
 Permit Space ID Number: _____ Permit Space Location: (Building/Area #) _____
 Purpose of Entry _____
All Competently Trained Individuals: _____ **Entry Supervisor** _____
 Entry Attendant : _____ Authorized Entrant: _____
 Authorized Entrant: _____ Authorized Entrant: _____

SECTION B: ENTRY PLAN

REQUIREMENTS	Yes	No	N/A	REQUIREMENTS	Yes	No	N/A
Hot Work				Retrieval equipment			
Lock Out - De-energize				Intrinsically Safe Lighting			
Lines Broken - Capped or Blanked				Personal protective equipment(e.g., goggles, hard hat, gloves)			
Purge - Flush and Vent							
Traffic controls/Secure area				Respirator			
Describe all equipment and procedures for entry:							
Describe communication procedures during entry:							

SECTION C: ATMOSPHERIC TESTING- *Only personnel trained in the operation of specific air monitoring equipment may make air measurements.*

Manufacturer:	Sensor(s)/analyte(s) (list all):
Model:	Date of last annual calibration:
Serial number:	Time of bump test:

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ATMOSPHERIC TESTING		Test 1	Test 2	Test 3	Test 4
	Acceptable Entry Levels	Time:	Time:	Time:	Time:
Percent of Oxygen	19.5% to 23.5%				
Combustible Gas	Less than 10% LEL				
Hydrogen Sulfide	Less than 10 ppm				
Carbon Monoxide	Less than 35 ppm				

SECTION D: SIGNATURE BLOCK

I certify that I know and understand the requirements of the UNH Confined Space Entry Program and that I will comply with these criteria.	
<i>Entrant sign & date here:</i>	<i>Attendant sign & date here:</i>
I certify that all of the above information is correct and that the space entrant and attendant are fully competent to perform work described above:	
<i>Supervisor sign & date here:</i>	

Note: This permit is not required for entries conducted as reclassifications or alternate entries as described by the UNH Confined Space Entry Program sections VI(B) and VI(C).

INSTRUCTIONS: Confined Space Supervisors fill out this form completely and communicate entry plans to the entry team.

SECTION A: GENERAL

- **Date:** Fill in the date of the entry
- **Start Time:** Fill in the proposed start time of the entry
- **End Time:** Fill in the proposed end time of the entry. Confined space entry permits are valid for a single shift or no greater than 8 hours.
- **Confined Space Rescue Team:** Fill in the name of the Confined Space Rescue Team. The acronym DFD is acceptable to indicate the Durham Fire Department. The rescue team must be notified in advance of the entry and may require a pre-evaluation prior to entry.
- **Notification:** Indicate the pre-entry notification to the rescue team by method (e.g., phone call, fax, meeting), and the date and time of pre-entry notification. NOTE- if the rescue team is the Durham Fire Department, notifications must be made by fax of the permit and record form, or personal meeting.
- **Permit Space ID Number:** Indicate the number of the space, if applicable. Permit-required confined spaces in the inventory which are not manholes are labeled with an alpha-numeric identifier on the entry portal.
- **Permit Space Location:** Indicate the building and room number or, if outdoors, indicate the street and nearest landmarks. Both the ID Number and Location blanks must be filled.
- **All Competently Trained Individuals:** Clearly print the names of the Supervisor, Attendant, and all Entrants. At a minimum there must be an Entrant and a Supervisor/Attendant.

SECTION B: ENTRY PLAN

- **Requirements – Hot Work:** Mark yes if hot work will be performed during the entry. Hot work includes welding, cutting, brazing, and soldering. If yes, refer to the UNH Hot Work Program and permit system.
- **Requirements – Lockout/De-energize:** Mark “yes” if the entry will require the control of hazardous energy (including electrical, chemical, pneumatic, hydraulic). Mark “no” if the entry will proceed without locking out or tagging out sources of hazardous energy (explain fully below). Mark N/A if there are no sources of hazardous energy in the space.
- **Requirements – Lines Broken (Capped or Blanked):** Mark yes if the entry will require capping or blanking of lines carrying fluids. Mark no if the entry will not require capping or blanking of lines carrying fluids. Mark “N/A” if no lines carrying fluids are present.
- **Requirements – Purge (flush and vent):** Mark “yes” if the entry will require forced air ventilation to purge and maintain a safe atmosphere. Mark “N/A” if there is no real or potential hazardous atmosphere and ventilation will not be used.
- **Requirements – Traffic controls/Secure Area:** Mark “yes” if traffic controls or site security will be used. Some form of traffic controls or site security is required for all entry. Traffic controls and site security may include guard rails, traffic cones, and/or cordoning.
- **Requirements – Retrieval equipment :** Mark “yes” if non-entry rescue retrieval equipment will be used. Mark “no” if non-entry retrieval equipment will not be used. If marked No, explain in detail. Fall arresting equipment is required for all vertical entries greater than 4 feet in depth.
- **Requirements – Intrinsically safe lighting:** Mark “yes” if intrinsically safe lighting will be used. Required in flammable or combustible atmospheres. Mark “N/A” if there is no real or potential flammable/combustible atmosphere.
- **Requirements – Personal Protective Equipment:** Mark “yes” if personal protective equipment will be used. Personal protective equipment may include steel-toed shoes, hard hats, safety glasses, and/or protective clothing. Some form of personal protective equipment is required for all confined space entries.
- **Requirements – Respirator:** Mark “yes” if entrants will wear respiratory protection. Mark “No” if entrants will not use respiratory protection. Mark “N/A” if there are no real or potential atmospheric hazards. All employees who wear a respirator must participate in the UNH Respiratory Protection Program.
- **Describe all equipment and procedures for entry:** Use this space to describe the requirements for confined space entry from the above list and additional requirements as deemed necessary by the Supervisor.
- **Describe communications procedures during entry:** Use this space to describe communications procedures, such as radios.

SECTION C: ATMOSPHERIC TESTING

- **Manufacturer:** Instrument manufacturer
- **Model:** Instrument model number
- **Serial Number:** Instrument serial number
- **Sensor(s)/Analyte(s):** Indicate all sensors or detectors in the instrument (e.g., combustible gas, oxygen)
- **Date of last annual calibration:** Date instrument was last calibrated in a laboratory by the instrument manufacturer or qualified repair technician.
- If more than one instrument is in use, use both boxes to indicate monitoring equipment
- **Atmospheric Testing:** Give the time and results of atmospheric testing. At a minimum, each space must be tested for oxygen, combustible gas, and carbon monoxide. Additional analytes may be monitored as required for the space and/or entry operations. Use the blank spaces to indicate tests for other air contaminants. If the results do not fall within permissible entry levels, DO NOT ENTER. For analytes not listed above, conditions acceptable for entry will be considered to be one half of the OSHA Permissible Exposure Limit unless deemed otherwise by a qualified health and safety professional.

SECTION D: SIGNATURE BLOCK

- All members of the entry team must sign and date the signature block indicating that they have read and understand the entry plan prior to commencement of work.